

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01679 / 38

1. PLACE OF DEATH:
 County Frederick,
 City or town Frederick Route # 1.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick Route # 1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Harry Vinson Albaugh
 3. (b) Social Security Number none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Gertrude M. Adams
 6. (c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) June 1, 1873
 8. AGE: Years 71 Months 8 Days 8 If less than one day
 hrs. min.

9. Birthplace Detour, Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business Own Farm
 12. Name George W. Albaugh
 13. Birthplace Sarah Valentine
 14. Maiden name
 15. Birthplace

16. Informant Mrs. Harry Vinson Albaugh
 Address Frederick, Md. Route # 1.
 17. Burial Date thereof 2/12 /45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Tabor Cemetery
Rocky Ridge, Md.
 Location

18. Funeral director M. R. Etchison and Son
 Address Frederick, Md.

19. Feb 11 19 45 Lucian K. Fekann
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 9, 19 45, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4, 1944 19 40 to Feb 9, 19 45
 and that I last saw him alive on Feb 8 19 45

Immediate cause of death Cerebral hemorrhage
Cerebral hemorrhage
 DURATION Aug 4, 1940
Feb 8, 1945

Due to Arterio sclerosis 10 yrs
 Due to Retention of urine 6 weeks
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Emmett P. Roop, M.D.
 Address New Market, Md. Date signed Feb 11, 1945

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAR 5 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01680

Reg. Dist. No. 139

1. PLACE OF DEATH:
 County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since July 13, 1944
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since July 13, 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Prince George
 City or town College Park
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4605 Calvert Rd.
 (If rural, give LOCATION)

3. (a) FULL NAME
Charles E. Andrews

3. (b) Social Security Number
233-24-0878

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 6. (b) Name of husband or wife
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) Feb. 10, 1894
 8. AGE: Year 51 Month 0 Day 8 If less than one day hrs. min.

9. Birthplace Aiken, S. C.
 (Town, county, and state)
 10. Usual occupation Foreman, Mining Mill
 11. Industry or business
 12. Name John Andrews
 13. Birthplace Aiken Co., S.C.
 14. Maiden name Julia O'Banion
 15. Birthplace Aiken Co., S.C.

16. Informant Mrs. Alice R. Kennedy (daughter)
 Address College Park, Maryland
 17. Burial Langley Date thereof 2/20/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery Langley
 Location Langley, South Carolina
 18. Funeral director M. L. Creager & Son
 Address Thurmont, Maryland

19. (Date rec'd by registrar) 19 2/19/45 Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 19 45 at 2:50 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 19 44 to Feb. 18 19 45
 and that I last saw him alive on February 18 19 45

Immediate cause of death
Pulmonary Tuberculosis
Laryngeal Tuberculosis
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

DURATION

14 Mos.
9 Mos.

Major findings of operations
 Date of op.

Antopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE J. B. Lyn M. D. [Signature]
 Address State Sanatorium, Md. Date signed 2/19/45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAR 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8

CERTIFICATE OF DEATH

01681

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since November 18, 1944
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since Nov. 18, 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Cecil
 City or town Chesapeake City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Wesley P. Austin

3. (b) Social Security Number

218-07-3052

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of ~~husband~~ Eveleyn Austin6. (c) If alive, give age 30 years7. Birth date of deceased (mo., day, yr.) June 7, 1904

8. AGE: Years 40 Months 8 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Connellsville, Pa.
(Town, county, and state)10. Usual occupation Machinist

11. Industry or business _____

12. Name A. H. Austin13. Birthplace New York City, N.Y.14. Maiden name Gertrude Pancoast15. Birthplace Vineland, N. J.18. Informant Deceased

Address _____

17. Burial Date thereof 2/10/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery SilomaLocation Vineland, N. J.18. Funeral director Kruse Funeral HomeAddress Vineland, N. J.Date 2/7/45

19. (Date rec'd by registrar) _____ Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1945 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 18, 1944 to Feb. 7, 1945
 and that I last saw him alive on February 7, 1945

Immediate cause of death Pulmonary Tuberculosis DURATION 11 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE J. B. Lynn M. D. 1945Address State Sanatorium, Md. Date signed 2/7/45

RECEIVED
MAR 1 1945
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01682 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Since January 30, 1945
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution?... Since January 30, 1945

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 63 S. Market St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME

Donald C. Bair

3.(b) Social Security Number

220-09-7688

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

8.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) May 21, 1906

8. AGE: Years 38 Months 8 Days 15 If less than one day
hrs.min.

9. Birthplace... Hansonville, Maryland
(Town, county, and state)10. Usual occupation... Bartender

11. Industry or business

12. Name... Charles Bair13. Birthplace... Utica, Md.14. Maiden name... Annie T. Stull15. Birthplace... Lewistown, Md.16. Informant... Charles E. Cole, Friend.Address... Frederick, Md.17. Burial (Burial, cremation, or removal, Which?) Date thereof... 2/7/45
(month) (day) (year)Cemetery... Mt. OlivetLocation... Frederick, Md.18. Funeral director... M. R. Etchison & SonAddress... Frederick, Md.

19. (Date rec'd by registrar) 19..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1945, at 2:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 30, 1945, to Feb. 5, 1945,
 and that I last saw him alive on February 5, 1945.

Immediate cause of death... Pulmonary Tuberculosis
 DURATION
2 Yrs,
3 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Lynn M. D. NoneAddress... State Sanatorium, Md. Date signed... 2/5/45

CERTIFICATE OF DEATH

RECEIVED

MAR 6 1945

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01683

Reg. Dist. No. 131

1. PLACE OF DEATH: County <u>Frederick</u> City or town <u>Frederick R. F. D. 4</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>10 yrs.</u> Hospital, institution, or street address where death occurred: <u>Near Church Hill</u> How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Frederick</u> City or town <u>Frederick R. F. D. 4</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Near Church Hill</u> (If rural, give LOCATION) 2. (a) If veteran, name war <u>none</u>
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3. (a) FULL NAME <u>Mrs. Lola Cecelia Caroline Barnes</u>	3. (b) Social Security Number <u>none</u>
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4. Sex <u>female</u>	5. Color or race <u>white</u>	6. (a) <u>Single</u> , married, widowed, or divorced <u>married</u>
6. (b) Name of husband <u>John W. Barnes</u>		
7. Birth date of deceased (mo., day, yr.) <u>Sept. 9, 1874</u>		
6. (c) If alive, give age <u>77</u> years		
8. AGE: Years <u>70</u>	Months <u>4</u>	Days <u>24</u> hrs. min.

9. Birthplace Mt. Tabor, Frederick, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Veniah H. Haupt,
13. Birthplace Near Middletown, Md.

14. Maiden name Mary Mumford,
15. Birthplace Near Mt. Tabor, Md.

16. Informant Mr. John W. Barnes,
Address Frederick, Md. R. D. 4

17. Burial Feb. 27, 45
(Burial, cremation, or removal, which?) Date thereof (month) (day) (year)
Cemetery or crematory Middletown Lutheran Cem.
Location Middletown, Maryland.

18. Funeral director M. R. Etchison & Son
Address Frederick, Md.

19. 26 Feb 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
2D. DATE OF DEATH February 24th., 45 4.15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20 19 45, to Feb. 22 19 45
and that I last saw h. er alive on Feb. 22 19 45

Immediate cause of death	DURATION
<u>Cardiac Drapex</u>	
Due to <u>Enlarged Heart</u>	
Due to <u>Cardiac Drapex</u>	
Other conditions	
(Include pregnancy within 8 months of death)	

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE [Signature] MD
Address Frederick, Md. M. D. or other
Date signed 2/26/45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECORDED
MAR 1 1945
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01684

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 15 years
 Hospital, institution, or street address where death occurred:
716 North Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 716 North Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
JESSE LENDWOOD BARNES

3. (b) Social Security Number
None

4. Sex M **5. Color or race** W **6. (a) Single, married, widowed, or divorced** W
6. (b) Name of husband or wife Annie V. Nikirk
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) September 26, 1865
8. AGE: Years 79 Months 4 Days 11 If less than one day hrs. min.

9. Birthplace Monrovia-Frederick-Maryland
 (Town, county, and state)
10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name John L. Barnes
13. Birthplace Frederick County Maryland
MOTHER
14. Maiden name Amanda Baker
15. Birthplace Frederick County Maryland

16. Informant Mrs. Herman M. Orrison
 Address 716 N. Market St., Frederick, Md.

17. Burial Reformed Cemetery Date thereof 2/9/45
 (Burial, exhumation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Middletown, Maryland
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 8-Feb 1945 Elizabeth G. Heek
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7th, 1945 at 1:10A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4, 1945 to Feb 7, 1945
 and that I last saw h. alive on February 6, 1945

Immediate cause of death Chronic Myocarditis with
concurrent Fibulateral

Due to
Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Howard W. Ark M. D.
Frederick, Maryland M. D. or other
 Address Date signed 2-8-45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 12, 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

01685

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
121 West All Saint Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 121 West All Saint Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

CHARLES EDWARD BARTON

3. (b) Social Security Number
217-10-9276

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Florence May Harris
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) March 1, 1884
 8. AGE: Years 60 Months 11 Days 23 If less than one day
 hrs. min.

8. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business Salvage Center
 12. Name James Barton
 13. Birthplace Frederick County Maryland
 14. Maiden name Mary Bowie
 15. Birthplace Frederick County Maryland
 18. Informant Charles T. Barton
 Address Frederick, Maryland

11. Burial 2/27/45
 (Burial, cremation, or removal, WHICH?) Date thereof (month) (day) (year)
 Cemetery or crematory Colored Cemetery
 Location Point of Rocks, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 27 Feb 19 45 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24th, 45 at 10:10A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 1944 to February 24, 1945
 and that I last saw him alive on February 24, 1945

Immediate cause of death Coronary Occlusion DURATION 3 hrs

Due to Coronary Artery Disease
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Howard W. Ark M. D.
 Address Frederick, Maryland Date signed 2-26-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAHILL AND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECORDED
MAR 1 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

01685

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County FrederickCity or town Rural - Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Grace Martin Baumgardner

3. (b) Social Security Number

none4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife John M. Baumgardner

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 25, 18728. AGE: Years 72 Months 9 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Maryland Frederick Co
(Town, county, and state)10. Usual occupation housework

11. Industry or business

12. Name George J. Martin13. Birthplace Maryland Frederick Co14. Maiden name Mary E. Whitacre15. Birthplace Maryland Frederick Co16. Informant Murray BaumgardnerAddress Emmitsburg, Md.17. Burial Date thereof 3-2-45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Keyville CemeteryLocation Keyville, Md.18. Funeral director C. O. Guss & SonAddress Emmitsburg, Md.19. Feb 28 1945 M. F. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 27 1945, at 4:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1942 to 1945and that I last saw him alive on Feb 27 1945Immediate cause of death Coronary arteriosclerosis DURATION 1 yearDue to arteriosclerotic cardio-vascular disease - several years

Due to _____

Other conditions Arterial fibrillation - 3 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. B. Castle MD M. D. or other _____Address Emmitsburg, Md. Date signed 2-27-45

CERTIFICATE OF DEATH

RECEIVED

MAR 3 1945

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK, supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01687

Reg. Dist. No. 147

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... Rural --Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Rural ---Mt. Airy
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R.D. Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME
 Theodore Bennett

3.(b) Social Security Number
 220-18-3178

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife..... Fannie Lee Bennett
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) March 2, 1903
 8. AGE: Years 41 Months 11 Days 10 It less than one day hrs. min.

9. Birthplace..... Howard Co. Maryland
 (Town, county, and state)
 10. Usual occupation..... Laborer
 11. Industry or business..... Paper Mill
 12. Name..... Abraham Bennett
 13. Birthplace..... Maryland
 14. Maiden name..... Grace Young
 15. Birthplace..... Maryland

16. Informant..... Mrs. Hattie Snowden
 Address..... Mt. Airy, Md.
 17. Burial 2-15-45
 (Burial, cremation, or removal: Where?) (month) (day) (year)
 Cemetery or crematory..... Mt. Gregory
 Location..... Cooksville, Howard Co. Md.
 18. Funeral director..... C. M. Waltz
 Address..... Winfield, Md.

19. Feb 14 19 45
 (Date rec'd by registrar) 19 45
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 12 19 45 at 7.40 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

..... to 19

and that I last saw him alive on Feb 12 19 45

Immediate cause of death.....

..... DURATION

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RECEIVED
FEB 22 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13P)

01688

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since October 25, 1943
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since October 25, 1943

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County...
 City or town... Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 508 S. Patterson Park Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... World War No. 1

3. (a) FULL NAME

Charles J. Barnes (Bernadzikowski)

3. (b) Social Security Number

218-05-1463

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 8. (b) Name of husband or wife.....
 8. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) March 4, 1892
 8. AGE: Years Months Days If less than one day
52 11 10 hrs. min.

9. Birthplace... Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation... Warehouseman
 11. Industry or business.....
 12. Name... Frank H. Barnes
 13. Birthplace... ?
 14. Maiden name... Mary Rusin
 15. Birthplace... ?

16. Informant... Deceased
 Address.....
 17. Buried Date thereof husband
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... buried
 Location... M. L. Osgood Son
 18. Funeral director... M. L. Osgood Son
 Address... and
 19. 2/14/45 19...
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14, 1945 at 2 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 25, 1943, to Feb. 14, 1945
 and that I last saw him alive on February 14, 1945

Immediate cause of death.....
Pulmonary Tuberculosis
 DURATION
2 Yrs.
 Due to.....
 Due to.....
 Other conditions... Psycho-neurosis 6 Months
 (Include pregnancy within 8 months of death)

Major findings of operations.....
 Date of op.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?
 23. SIGNATURE... J. D. Lyon M. D. xxxx
 Address... State Sanatorium, Md. Date signed 2/15/45

RECEIVED
FEB 23 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 232

CERTIFICATE OF DEATH

01689

Reg. Dist. No. 131

1. PLACE OF DEATH:

County The DistrictCity or town The District
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

The District City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Dickerson
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Betson Mr. Harry C.

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb. 23 1945 at 4:45 P M

6.(b) Name of husband or wife

Sally West6.(c) If alive, give age 49 years

7. Birth date of

deceased (mo., day, yr.) April 3 - 1890

8. AGE:

Years

54

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Buckeysville - Md.

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

FATHER

12. Name

Wm. Betson

13. Birthplace

Buckeysville - Md.

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mrs. Harry Betson

Address

Dickerson - Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 26 - 1945

Cemetery or crematory

Mount Airy Cem.

Location

Beallsville - Md.

19. Funeral director

Wm. B. Wilton

Address

Barnesville - Maryland

19.

(Date rec'd by registrar)

24 Feb1945Elizabeth G. Heck

Registrar

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 21 1945, to Feb. 23 1945and that I last saw him alive on Feb. 23 1945

Immediate cause of death

Cerebral thrombosis

DURATION

3 days

Due to

Atherosclerosis

Due to

Hypertension

(Include pregnancy within 3 months of death)

Major findings of operation None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Gust. Jones M.D.

M. D. or other

Address Federico, Md. Date signed 2/23/45

NAVY AND MARINE CORPS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 28 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01690 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1
 (If rural, give LOCATION)
 2. (a) If veteran, name war ✓

3. (a) FULL NAME

Elmer Everett Black
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

6. (b) Name of husband or wife Jessie Payne Black
 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-4-1864

8. AGE: Years 80 Months 3 Days 29 If less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Calibrator

11. Industry or business ✓

12. Name William J. Black

13. Birthplace Maryland

14. Maiden name Martha (Carroll) Black

15. Birthplace Maryland

16. Informant Mrs. Jessie Black

Address Thurmont

17. Burial Date thereof Feb. 6, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United Reformation

Location Thurmont

18. Funeral director Wilbur E. Cooper

Address Thurmont

19. Feb. 5 19 45 Anna M. Jones
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 19 45 at 7:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 15 19 44 to Feb. 3 19 45

and that I last saw him alive on Feb. 2 19 45

Immediate cause of death Carcinoma of the

Lower lip DURATION 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James T. Gray M.D.

Address Thurmont, Md. M. D. or other

Date signed 2/5/45

RECEIVED
MAR 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

01691

Reg. Dist. No. 135

Waldersville
 1. PLACE OF DEATH: *Frederick*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *20 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Frederick*
 City or town *Waldersville*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME *Harry B Blichenstaf*

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *X*

6. (b) Name of husband or wife *Mary Rebecca Blichenstaf*

6. (c) If alive, give age *63* years

7. Birth date of deceased (mo., day, yr.) *Feb 20 1880*

8. AGE: Years *64* Months *11* Days *20* If less than one day
hrs.min.

9. Birthplace *Waldersville Md*
 (Town, county, and state)

10. Usual occupation *Farming*

11. Industry or business

12. Name *Ruehlin Blichenstaf*

13. Birthplace *Waldersville Md*

14. Maiden name *Ida Shult*

15. Birthplace *Waldersville Md*

16. Informant *Samuel H Blichenstaf*

Address *Waldersville Md*

17. *Burial* Date thereof *2 12 1945*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Lutheran cemetery*

Location *Waldersville*

18. Funeral director *Gladhill Co*

Address *Middletown Md*

19. *Feb 10* 19*45* *Ch. Leathuman*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 9* 19*45* at *9:47* M

CERTIFY that death occurred on the date above stated; that I attended deceased from *Oct 4* 19*44* to *Feb 9* 19*45*

and that I last saw him alive on *Feb 9* 19*45*

Immediate cause of death *Acute Infarction of Heart*

Due to *Arteriosclerosis of Arteries*

Other conditions *Chronic Bronchitis*

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *Ch. Leathuman* M. D. or other

Address *Waldersville Md* Date signed *2/10/45*

RECEIVED

MAR 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01692

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital
25 hours
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 144 W. Patrick St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

Infant Boy Blum

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 2-11-45

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hrs. _____ min.

9. Birthplace Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Joseph Blum13. Birthplace Maryland14. Maiden name Selma Bernstein15. Birthplace Baltimore - Md.16. Informant Joseph BlumAddress Frederick - Md.17. Burial Data thereof 2-12-1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Clive & SonAddress Frederick - Md.19. 12 Feb 19 45 Elizabeth G. Hede

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 19 45 at 1:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9:AM February 11, 1945 to 1:55 PM February 11, 1945and that I last saw him alive on February 11 19 45Immediate cause of death Pneumonia (6 1/2 mos) DURATIONImmature developmentof pulmonary Alveoli

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE L. R. Schorlman M.D.Address 5 W 2nd St M. D. or otherDate signed 2/14/45

CERTIFICATE OF DEATH

RECEIVED
FEB 15 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-9

01693

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH: Frederick
 County... Rural--Unionville
 City or town... Life
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Rural -- Unionville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mamie C. Bollinger (Bolinger)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife... Kenneth M. Bolinger
 6. (c) If alive, give age 31 years
 7. Birth date of deceased (mo., day, yr.) Feb'y 16, 1924
 8. AGE: Years 21 Months 0 Days 8 If less than one day hrs. min.

9. Birthplace... Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation... Housewife

11. Industry or business
 12. Name... Charles C. Fritz
 13. Birthplace... Maryland
 14. Maiden name... Gertie May Glass
 15. Birthplace... Maryland

16. Informant... Mrs. Gertie M. Fritz
 Address... Mt. Airy, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2--27--45 (month) (day) (year)
 Cemetery or crematory... Linganore
 Location... Unionville, Frederick Co. Md.
 C.M. Waltz

18. Funeral director... Winfield, Md.
 Address...

19. Feb. 27, 19 45 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 19 45 at 6:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 - 19 45 to Feb 24 19 45 and that I last saw him alive on Feb 23 19 45

Immediate cause of death... Cardiac asthma
 DURATION

Due to... Acute Bronchitis

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Impaired at work?

23. SIGNATURE... J. H. Legg M. D. or other

Address... Union, Bm Date signed 2-28-45

MAR 5 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01694

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Fredrick
 City or town Lewistown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town Lewistown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

Lillie Catherine Bartner

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Allen B. Bartner6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) October 18, 1879

8. AGE:

Years

65

Months

3

Days

29

It less than one day

hrs.

min.

9. Birthplace Lewistown, Fredrick Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

Home12. Name John David Heltzopfe13. Birthplace Lewistown, Md.14. Maiden name Anna Mary Long15. Birthplace Lewistown, Md.16. Informant Allen B. BartnerAddress Lewistown, Md.17. Burial Date thereof Feb. 10, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory UticaLocation Utica, Md.18. Funeral director M. L. Quager & SonAddress Thurmont, Md.19. Feb. 9 1945 Anna M. Jones
(Date rec'd by registrar) Registrar P. Blanche S. Cyler

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1945, at 4:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1945 to Feb 7 1945 and that I last saw him alive on Feb 7 1945

Immediate cause of death

Coronary artery

DURATION

5 weeks

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Freshport, Md. Date signed Feb. 8, 1945

RECEIVED
MAR 3 1945
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01695

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick
 City or town New Market
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4.3 yrs
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Frederick
 City or town New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(c) If veteran, name war

3. (a) FULL NAME

Ida L. Boyers

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife W. Ernest Boyer
New Market Md 6. (c) If alive, give age 77 years
 7. Birth date of deceased (mo., day, yr.) Sept 20 - 1872
 8. AGE: Years 72 Months 4 Days 21 If less than one day
 hrs. min.

9. Birthplace Poolesville Montg Co Md
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business

FATHER 12. Name Curtis Poole
Md
 13. Birthplace
 MOTHER 14. Maiden name Lucretia Stivers
Md
 15. Birthplace

16. Informant W. Ernest Boyer / husband
 Address New Market Md
 17. Burial Date thereof Feb 13 - 1945
 (Burial, cremation or removal, etc.) (month) (day) (year)
 Cemetery or crematory New Market Md
 Location New Market Md

18. Funeral director W. E. Falconer
 Address New Market Md

19. Feb 13 19 45 Lucian V. Falconer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 19 45 at 10 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb 3 19 45 to Feb 11 19 45
 and that I last saw her alive on Feb 11 19 45

Immediate cause of death Cerebral Hemorrhage DURATION 4 days
 Due to arteriosclerosis with hypertension 3 years
 Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ernest P. Roop, M.D. M. D. or other
New Market Md Date signed Feb 12 / 45
 Address

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 5 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1346

CERTIFICATE OF DEATH

01696
Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Point of Rocks
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Point of Rocks - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. none
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Cyrus Rufus Brown

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, ~~divorced~~
6. (b) Name of husband or wife Vitus V. Ridgeway
6. (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) March 28, 1879
8. AGE: Years 65 Months 10 Days 26 If less than one day
hrs. min.

9. Birthplace Foxville, Frederick, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown
13. Birthplace "
14. Maiden name Unknown
15. Birthplace "

18. Informant Mrs. Vitus V. Brown,
Point of Rocks, Maryland
Address

17. burial Date thereof Feb. 26, 1945
(Burial, cremation, or removal, which) (month) (day) (year)
Cemetery or crematory St. Pauls Cemetery
Location Point of Rocks, Maryland

18. Funeral director M. R. Etchison & Son,
Frederick, Maryland
Address

19. 26 Feb 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 24th., 1945 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Dec 16 1944 to Feb 24 1945
and that I last saw him alive on Feb 20 1945

Immediate cause of death Coronary Occlusion
DURATION 2/24/45

Due to Coronary Sclerosis

Due to Hypertension & Atherosclerosis

Other conditions —
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Q. Everett Price M D

Jefferson, Maryland M. D. or other 2/24/45
Address Date signed

MARGIN RESERVED FOR FILING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 28 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17-0

01697

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick City Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION) ☒

2.(a) If veteran, name was _____

3. (a) FULL NAME

Brown, Baby Mary Jane

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

April 15, 1944

8. AGE:

Years

Months

Days

If less than one day

919

hrs.

min.

9. Birthplace

Baltimore Co. Md
(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER
MOTHER

12. Name

George Robert Brown

13. Birthplace

MARYLAND

14. Maiden name

Rose C. LATTICE

15. Birthplace

MARYLAND

16. Informant

Geo. A. Brown

Address

Mt. Airy, Md

17.

Burial

Date thereof

2-6-45

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Pine Grove

Location

Mt. Airy, Carroll Co. Md

18. Funeral director

E. M. Walz

Address

Winfield Md

19.

Feb 419 45Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 419 45 at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 319 45 to Feb 419 45and that I last saw him alive on Feb 419 45

Immediate cause of death

Gastro Enterocolitis

DURATION

4 days

Due to

Due to

Influenza4 days

Other conditions

Gastroenteritis (Perforation)

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. Austin Pearce M.D.

M. D. or other

Address

Fulton MdDate signed 2/4/45

CERTIFICATE OF DEATH

RECEIVED
FEB 12 1945
BUREAU V F

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01698

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick-Rural R.F.D.#3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 Years
Hospital, institution, or street address where death occurred:
Wilson Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R.F.D.#3
(If outside city or town limits, write RURAL and give nearest town)
Street No. Wilson Avenue
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME
CHARLES EVERETT BROWNING

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6. (a) Single; married, widowed, or divorced M

8. (b) Name of husband or wife Goldie Hood

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) August 31, 1865

8. AGE: Years 79 Months 5 Days 6 If less than one day
.....hrs.min.

9. Birthplace Hyattstown-Montgomery-Maryland
(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER 12. Name Charles Browning
13. Birthplace Montgomery County Maryland

MOTHER 14. Maiden name Mary Jane King
15. Birthplace Montgomery County Maryland

18. Informant Mrs. Goldie H. Browning
Address Frederick, Md. R. F. D. #3

17. Burial Date thereof 2/10/45
(Burial, cremation, or removal-Which?) (month) (day) (year)

Cemetery or crematory Prospect Cemetery
Location Near Mount Airy, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 8 Feb 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1945 at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1944 to Feb 1945 and that I last saw him alive on Feb 1945

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to Chronic Prostatitis

Other conditions Cerebral Hemorrhage
(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Hedger M. D.
Frederick, Maryland Date signed 2-8-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

COMMONWEALTH OF MASSACHUSETTS

PORTLAND, MAINE

RECEIVED

12 1945

RECEIVED
BUREAU V.S.

FEB 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1222

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 104 East Fourth Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME
INEZ ELIZABETH BURKE

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or Joseph R. Burke
 6. (c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) April 9, 1876
 8. AGE: Years 68 Months 10 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Adam T. Blentlinger
 13. Birthplace Frederick County Maryland

14. Maiden name Mary A. Murphy
 15. Birthplace Frederick County Maryland

16. Informant Mr. Joseph R. Burke
 Address 104 E. 4th St., Frederick, Md.

17. Burial 2/26/45
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 25 Feb 1945 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1945 at 8 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1945 to Feb 24 1945
 and that I last saw him alive on Feb 24 1945

Immediate cause of death Intestinal obstruction

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations obstruction

Date of op. Feb 22-45

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE E. P. Thomas M. D. or other

Address Frederick, Md. Date signed Feb 26

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECORDED
MAR 1 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01700
Reg. Dist. No. 138

1. PLACE OF DEATH:
County... Frederick
City or town... Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... 10 years
Hospital, institution, or street address where death occurred:
Linganore
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Linganore
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME
GEORGE WASHINGTON BURKETT

3. (b) Social Security Number
None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife... Fannie L. Cline
6. (c) If alive, give age... 73 years

7. Birth date of deceased (mo., day, yr.) November 1, 1867

8. AGE:	Years	Months	Days	It less than one day
	<u>78</u>	<u>4</u>	<u>16</u>hrs.min.

9. Birthplace... Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation... Farmer

11. Industry or business

12. Name... George E. Burkett
13. Birthplace... Frederick County Maryland

14. Maiden name... Mary Ward
15. Birthplace... Frederick County Maryland

16. Informant... Mrs. Fannie C. Burkett
Address... Frederick, Maryland R. F. D. #1

17. Burial... 2/20/45
(Burial, cremation, or removal, Which?) Date thereof... (month) (day) (year)
Cemetery or crematory... Mount Olivet Cemetery
Frederick, Maryland
Location

18. Funeral director... M. R. Etchison and Son
Address... Frederick, Maryland

19. 19 Feb 1945 - Lucian K. Falcovur
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 17th, 1945, at 3:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 10 1945 to Feb 17 1945
and that I last saw him alive on Feb 17 1945

Immediate cause of death... Heart Blue
DURATION 5mo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE... B. D. Shannon M. D.

Address... Frederick, Maryland M. D. or other
Date signed... 2-19-45

RECEIVED

MAR 5 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1372)

CERTIFICATE OF DEATH

Reg. Dist. No. 135

1. PLACE OF DEATH:

County... *Frederick*
 City or town... *Myersville Md RFS*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... *65 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... *Maryland* County... *Frederick*
 City or town... *Myersville RFS*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No...
 (If rural give LOCATION)
 2(a) If veteran, name war... *No*

3. (a) FULL NAME

Mrs. Flora V. Bussard

3. (b) Social Security Number

NONE

4. Sex... *Female* 5. Color or race... *White* 6. (a) Single, married, widowed, or divorced... *Married*
 6. (b) Name of husband or wife... *J E Lmer Bussard*
 6. (c) If alive, give age... *73* years
 7. Birth date of deceased (mo., day, yr.)... *Dec 25 - 1875*

8. AGE: Years... *69* Months... *1* Days... *24* If less than one day... hrs. min.

9. Birthplace... *Myersville Frederick County Md.*
 (Town, county, and state)

10. Usual occupation... *Housewife*

11. Industry or business...

12. Name... *Laurie H. Harkman*

13. Birthplace... *Myersville Md*

14. Maiden name... *Esther Harkman*

15. Birthplace... *Myersville Md*

16. Informant... *Rose F. Bussard*

Address... *Middletown, Md*

17. Burial... *Burial* Date thereof... *Feb. 21 1945*
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... *Grossmiller Church of Brethren*

Location... *Myersville, Md RFS*

18. Funeral director... *Gladden Co*

Address... *Middletown, Md*

19. *Feb 21 1945* *Gladden Co*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... *Feb 19 1945* at *5 A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 43* to *Feb 19 45* and that I last saw him alive on *Feb 12 1945*

Immediate cause of death... DURATION

*Chronic nephritis**3 yrs*

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? *Home* (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... *J E Hoop Md* M. D. or other

Address... *Middletown* Date signed... *2-20-45*

RECEIVED

MAR 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since Oct. 25, 1944
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since Oct. 25, 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2435 St. Paul
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Angeline Cellucci

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

9. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

February 3, 1926

8. AGE:

Years

Months

Days

If less than one day

19013

.....hrs.min.

9. Birthplace

Baltimore, Md.

(Town, county, and state)

10. Usual occupation

Liner, Nat. Casket Co.

11. Industry or business

FATHER
MOTHER

12. Name

Daniel Cellucci

13. Birthplace

Italy

14. Maiden name

Rosaria Presti

15. Birthplace

Italy

16. Informant

Vincent Cellucci, Brother

Address

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

2/19/45

(month) (day) (year)

Cemetery or place of interment xxxx Holy RedeemerLocation Belair Rd., Baltimore, Md.

18. Funeral director

Frank V. Pipitone

Address

2818 E. Baltimore St., Balto., Md.

19.

(Date Rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 1945 at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 25 1944 to Feb. 16 1945
 and that I last saw her alive on February 16 1945

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 Mos.~~xxxx~~Fatal Pulmonary HemorrhageFew

Due to

Minutes

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. LynnM. D. XXXXAddress State Sanatorium, Md. Date signed 2/16/45

STATE BOARD OF HEALTH

REPORT OF THE BOARD OF HEALTH

FOR THE YEAR 1945

RECEIVED
FEB 26 1945
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Near McKaig

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Near McKaig

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

FANNIE CRAMER

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

June 20, 1868

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

76724

hrs.

min.

9. Birthplace

Nr. Mt. Pleasant-Frederick-Md.

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER
MOTHER12. Name Charles Cramer13. Birthplace Frederick County Maryland14. Maiden name Laura Ogborn15. Birthplace Frederick County Maryland

16. Informant

Mrs. Albert LittleAddress New Windsor, Md. R. F. D. #1

17.

Burial

Date thereof

2/16/45

(Burial, cremation, or removal - Which?)

(month) (day) (year)

Cemetery or crematory

Glade Cemetery

Location

Walkersville, Maryland

19. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

14 Feb
(Date rec'd by registrar)

19. 45

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14th, 1945 at 12:55A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb. 6, 1945 to Feb. 14, 1945and that I last saw him alive on Feb. 13, 1945

Immediate cause of death

Lobar pneumonia

DURATION

8 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. D. Thomas M. D.

M. D. or other

Address Frederick, Maryland

Date signed

2-14-45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 16 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

01704

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town 2 Woodsboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town 2 Woodsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Henry Gumm

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Jamie Stevens
 7. Birth date of deceased (mo., day, yr.) Aug. 21, 1868 8. (c) It alive, give age _____ years
 8. AGE: Years 76 Months 5 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Woodsboro, Md.
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business Laborer

12. Name Simon H. Gumm

13. Birthplace Maryland

14. Maiden name Margaret S. Holbumer

15. Birthplace Maryland

16. Informant Miss Bessie Marshall

Address 2 Woodsboro, Md.

17. Burial Date thereof Feb. 14, 1945
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Hope Cemetery

Location 2 Woodsboro, Md.

18. Funeral director Burke & Hartger

Address 2 Woodsboro, Md.

19. Feb 11 1945
 (Date rec'd by registrar) Registrar L. C. Howell

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/10/45 19____ at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15, 44 19____ to 2/10/45 19____
 and that I last saw him alive on 2/9/45 19____

Immediate cause of death Apoplexy

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Samuel E. Ertzday

Address Walkersville, Md. Date signed 2/10/45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

MAR 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

01705

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. # 2 Lincoln Apts
 (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

John Wesley Davis

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1944
 6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

314

hrs.

min.

9. Birthplace Frederick
 (Town, county, and state)

10. Usual occupation At home

11. Industry or business

12. Name Alvie C. Davis13. Birthplace Bartholows, Md.14. Maiden name Mary Louise Cromwell15. Birthplace Lime Kiln, Md.18. Informant Mrs Alvie C. DavisAddress 2 Lincoln Apts, Fredk, Md.17. Burial Date thereof 2/8/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Market A.M.E. Cem.Location New Market, Md.18. Funeral director M.R. Etchison and SonAddress Frederick, Md.19. 6 Feb 45 Elizabeth H. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 45, of 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15 1945 to Jan 23 1945
 and that I last saw him alive on Jan 23 1945

Immediate cause of death

Pneumonia bronchial; embol.

DURATION

3 wksDue to malnutrition2 wks

Due to

Other conditions This child was not seen by a physician during its fatal illness.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE R. W. BarrAddress Frederick, Md.Date signed 2.6.45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 12 1945
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3. (a) FULL NAME

Selauter

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland
 City or town Smithsburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rt. 10 #1

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Married #1

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 30, 19458. AGE: Years _____ Months _____ Days 5 hrs. _____ min.9. Birthplace Smithsburg, Md. Rt. 10 #1

(Town, county, and state)

10. Usual occupation ✓

11. Industry or business

12. Name Quier J. Selauter13. Birthplace Frederick County, Md.14. Maiden name Mary Alonida V. Klise15. Birthplace Frederick County, Maryland16. Informant Elizabeth HeckAddress Emergency Hosp. Frederick, Md.17. Burial Date thereof Feb. 6 - 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wolfville Cem.Location Wolfville - Maryland18. Funeral director Emory J. JureAddress Smithsburg, Md. R. 2 D. 119. 5 Feb 19 45 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1945 at 2 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 30, 1945 to Feb. 4, 1945

and that I last saw him/her alive on _____ 19 _____

Immediate cause of death PrematurityDURATION 5 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Hupp - Md.Address Smithsburg M. D. or other _____Date signed 2-5-45

RECEIVED

FEB 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 01707 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For the born infants give residence of mother)
 State Maryland County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

George D. Derr

3. (b) Social Security Number

No

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Mollie Derr

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Oct. 12 - 1869

8. AGE:

75 Years4 Months0 Days

If less than one day _____ hrs. _____ min.

9. Birthplace

Middletown, Frederick County, Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Charles H. DerrFATHER
MOTHER

12. Name

Charles H. Derr

13. Birthplace

Middletown, Md.

14. Maiden name

Mary Nikiuk

15. Birthplace

Middletown, Md.

16. Informant

Mrs. J. Edward Harley

Address

Middletown, Md.

17. (Burial, cremation, or removal) which?

Burial

Date thereof

Feb 14 1945
(month) (day) (year)

Cemetery or crematory

Southwestern Cemetery

Location

Middletown, Md.

18. Funeral director

Gladwin Co.

Address

Middletown, Md.

19.

Feb 14 1945
(Date rec'd by registrar)Maria Gladwin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 12 1945, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1942, 1942, to Feb 11 1945

and that I last saw him alive on

Feb 10 1945

Immediate cause of death

DURATION

Due to

Arterio-sclerosis
(Coronary)1 1/2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. E. Harp
M.D. or other

Address

MiddletownDate signed 2-13-45

CERTIFICATE OF DEATH

U.S. DEPARTMENT OF JUSTICE

RECEIVED

MAR 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

01708

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schumacher Hospital

How long in hospital or institution?

1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 810 East 20
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Teresa E. Doble

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Harold L. Doble

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

April 19, 1886

8. AGE:

58

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Store clerk

11. Industry or business

FATHER

12. Name

Frank T. Cahill

13. Birthplace

Ireland

MOTHER

14. Maiden name

Estel Hazel

15. Birthplace

Maryland

16. Informant

Mrs Ruth W. Schumacher

Address

Brunswick Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

2-12-45
(month) (day) (year)

Cemetery or crematory

Springfield Cemetery

Location

Brunswick

18. Funeral director

E. N. Fultz & Bros

Address

Brunswick Md.

19.

(Date rec'd by registrar)

Feb 17 1945Emma Matlock
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1945, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 7 1945 to Feb 8 1945
and that I last saw him alive on Feb 8 1945

Immediate cause of death

Coronary Thrombosis

DURATION

8 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

M.D. or other

RECEIVED
MAR 2 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 days
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 18 East C
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME Hizzie Manda Kain Everhart 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) ~~Single~~ married, widowed, or divorced Widow

6. (b) Name of husband or wife Wm. A. Everhart

6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) March 13 1874

8. AGE: Years 70 Months 11 Days 14 If less than one day hrs. min.

9. Birthplace Harpers Ferry, Jeff. Co., W. Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Michael Kain

13. Birthplace Cork Co., Ireland

14. Maiden name Mary Saylor

15. Birthplace Frederick Co., Va.

16. Informant John J. Everhart

Address 314 N. Maple Ave. Brunswick Md.

17. Burial, cremation, or removal, which? Burial Date thereof Mar. 3 1945
 (month) (day) (year)
 Cemetery or crematory St. Peter's Catholic
 Location Bolivar, Jeff. Co., W. Va.

18. Funeral director Joseph S. Dailey
 Address 320 W. Potomac St. Brunswick Md.

19. 2 March 1945 Elizabeth S. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1945 at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 1945 to Feb 27 1945
 and that I last saw him/her alive on Feb 27 1945

Immediate cause of death In testicular obstruction

Due to Cancerous Intestines

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE EP Thomas M. D. or other
Federick Md Date signed Feb 28-45

RECEIVED

MAR 5 1945

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

CERTIFICATE OF DEATH

01710

Reg. Dist. No. *141*

1. PLACE OF DEATH:

County *Frederick*
City or town *Brunswick*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *4 hours*
Hospital, institution, or street address where death occurred:
Sheridan Hospital
How long in hospital or institution? *3 1/2 hrs.*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State *Maryland* County *Baltimore*
City or town *Blaise Rural*
(If outside city or town limits, write RURAL and give nearest town)
Street No. *on 1st Blaise Pkwy.*
(If rural, give LOCATION)
2. (a) If veteran, name war *no*

3. (a) FULL NAME

Roy Clayton Farr

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*
6. (b) Name of husband or wife *Jessie E. Ayers*
7. Birth date of deceased (mo., day, yr.) *July 2, 1886* 8. (c) If alive, give age *5-1* years
8. AGE: Years *58* Months Days If less than one day
.....hrs.min.

9. Birthplace *Penn.*
(Town, county, and state)
10. Usual occupation *Constructor*
11. Industry or business
12. Name *Leslie Farr*
13. Birthplace *Pa.*
14. Maiden name *Emma Veronica Litchey*
15. Birthplace *Penn.*

18. Informant *Mrs. Jess E. Farr*
Address *Blaise Rd*
17. *Burial* Date thereof *Feb 6, 1945*
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory *Park Heights*
Location *Brunswick Md*
18. Funeral director *C. H. Ziegler & Son*
Address *Brunswick Md*
19. *Feb. 5, 1945* *Eugene Martin*
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 2, 1945* at *7:30* PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Feb 2, 1945* to *Feb 2, 1945*
and that I last saw him alive on *Feb 2, 1945*
Immediate cause of death *Peritonitis* DURATION *4 days*
Due to *Ruptured appendix* *incub*
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings of operations *Peritonitis* Date of op. *Feb 2 45*

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE *William Schaeffer*
Brunswick Address Date signed *Feb 3 45*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 2 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick

City or town..... Rural, Knoxville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 1/2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Fred.

City or town..... Rural, Knoxville
(If outside city or town limits, write RURAL and give nearest town)Street No..... Rural, Mountain Road.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Alice L. Fisher

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Fred C. Fisher

7. Birth date of

deceased (mo., day, yr.)

June 16

6. (c) If alive, give age..... years

62

8. AGE:

Years

64

Months

-1

Days

1

If less than one day

hrs.

min.

8. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Rural

11. Industry or business.....

Rural

12. Name.....

James Brooks

13. Birthplace.....

Maryland

14. Maiden name.....

Gertrude Hawkins

15. Birthplace.....

Maryland

16. Informant.....

Fred C. Fisher

Address.....

Knoxville Md.

17.....

(Burial, cremation, or removal. Which?)

Burial

Date thereof.....

Feb. 19, 1945

(month) (day) (year)

Cemetery or crematory.....

Mt. Cemetery

Location.....

Knoxville Md. Rural

18. Funeral director.....

B. H. Fitch & Son

Address.....

Brunswick Md.

19.....

(Date rec'd by registrar)

Feb. 19 - 1945

Eugene Mactew

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 17 1945 at 10:45 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

er and Feb 17 1945

and that I last saw him on Feb 17 1945

Immediate cause of death.....

Coronary decompensation

DURATION

3 hrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

R. W. Bar

M. D. or other

Address..... Date signed.....

(moore)

RECEIVED
MAR 2 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B6)

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since June 19, 1944
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since June 19, 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Rising Sun
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Elmer L. Ford

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 5, 1893

8. AGE: Years 51 Months 11 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Harford County, Md.
(Town, county, and state)

10. Usual occupation Janitor

11. Industry or business _____

12. Name Malcom Ford

13. Birthplace Harford County, Md.

14. Maiden name Mary Kimbel

15. Birthplace Harford County, Md.

16. Informant Deceased

Address _____

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/5/45
(month) (day) (year)

Cemetery or place of burial Friend Burying Ground

Location Calvert, Md.

18. Funeral director J. E. Tyson

Address Rising Sun, Maryland

19. (Date rec'd by registrar) _____ 19 _____ Registrar _____

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 19 45 at 1:10 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 19 44, to Feb. 2 19 45
and that I last saw him alive on February 2 19 45

Immediate cause of death Pulmonary Tuberculosis DURATION 16 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. B. Lyn M. D. XXXX

Address State Sanatorium, Md. Date signed 2/2/45

MARGIN RESERVED FOR BINDING

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MINISTRE DU TRAVAIL ET DE LA SECURITE SOCIALE

RECEIVED

MAR 6 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK! Supply every item of information carefully. The correct age, is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

01713

1. PLACE OF DEATH:
 County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since May 20, 1940
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since May 20, 1940

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3811 Sequoia Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME
Herbert J. Gellerman

3. (b) Social Security Number
214-16-8850

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____ 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) November 6, 1898

8. AGE: Years 46 Months 3 Days 9 It less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Md.
 (Town, county, and state)

10. Usual occupation Civil Engineer

11. Industry or business _____

12. Name George H. Gellerman

13. Birthplace Baltimore, Md.

14. Maiden name Catherine Rogan

15. Birthplace Baltimore, Md.

16. Informant Deceased

Address Bureau

17. (Burial, cremation, or removal. Which?) Burial Date thereof Unknown
 (month) (day) (year)

Cemetery or crematory _____

Location _____

18. Funeral director Wm. C. Brown & Son

Address Thurmont, Md.

19. 2/10/45 19. _____
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1945 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20, 1940 to Feb. 15, 1945 and that I last saw him alive on February 15, 1945

Immediate cause of death Pulmonary Tuberculosis DURATION 5 Yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. [Signature]

Address State Sanatorium, Md. Date signed 2/16/45

RECEIVED
MAR 1 1945
BUREAU V.S.

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH
mother's name of deceased is shown 2411 N. Charles St., Baltimore

on

FILM No G 94 APR 13 1945

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since Nov. 21, 1933

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since Nov. 21, 1933

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5327 Wesley Ave.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Lloyd M. Gettier

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of deceased wife Luella Gettier

7. Birth date of deceased (mo., day, yr.)

October 25, 1884

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

60

4

1

hrs.

min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation Glazier

11. Industry or business

FATHER 12. Name John F. Gettier

13. Birthplace Maryland

MOTHER 14. Maiden name Luella Kleeman Ida Fisher

15. Birthplace Maryland

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal. Which?)

Date thereof Feb 19 1945

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1945 at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 21 1933 to Feb. 26 1945.

and that I last saw him alive on 19

Immediate cause of death

Pulmonary Tuberculosis

DURATION

17 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. Physician

Address State Sanatorium, Md. Date signed 2/26/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

RECEIVED

MAR 6 1945

BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

Reg. Dist. No. 01715 131

1. PLACE OF DEATH:

County FredrickCity or town Fredrick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred:

Monkies - County HomeHow long in hospital or institution? 9 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Buckhillsville
(If outside city or town limits, write RURAL and give nearest town)Street No. Rural

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Gross George

3. (b) Social Security Number

—4. Sex Male 5. Color or race Col. 6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Charity White7. Birth date of deceased (mo., day, yr.) March 1878 6.(c) If alive, give age 60 years8. AGE: Years 66 Months 11 Days — It less than one day — hrs. — min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Agriculture12. Name Allen Gross13. Birthplace Maryland14. Maiden name Julia Brown15. Birthplace Maryland16. Informant Mr. Elmer FryAddress Buckhillsville Md17. (Burial, cremation, or removal) Burial Date thereof Feb. 10, 1945
(month) (day) (year)Cemetery or crematory St. MarysLocation Petersville Md18. Funeral director C. N. Fultz + BrosAddress Brunswick Md19. 7-Feb 1945 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 1945 at 6:30 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/1 1945 to 2/7 1945and that I last saw him alive on 2/6 1945Immediate cause of death Broncho pneumonia DURATION 3 daysOther conditions Advanced arteriosclerosis
(Include pregnancy within 3 months of death)Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —23. SIGNATURE J. P. Schoolman M.D.Address 502 W. 5th Date signed Feb 7, 1945

RECEIVED
FEB 12 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 97
CERTIFICATE OF DEATH

01716

Reg. Dist. No. 134

1. PLACE OF DEATH:
Frederick Co.
County.....
Emmitsburg, Maryland
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? About four years
Hospital, institution, or street address where death occurred:
St. Joseph's Central House
How long in hospital or institution? Sick about two months at St. Joseph's Central House

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Various Houses of Community. This house since 1941
State..... County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
Margaret Gilooley (Sister Mary Francis)

3.(b) Social Security Number
None

4. Sex Female
5. Color or race White
6.(a) Single, married, widowed, or divorced Sister of Charity

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) October 4, 1870
6.(c) If alive, give age..... years

8. AGE: Years 74 Months 4 Days 18
If less than one day..... hrs. min.

9. Birthplace Uxbridge, Massachusetts
(Town, county, and state)

10. Usual occupation With children, caring for sick in hospitals and Asylums

11. Industry or business
FATHER 12. Name William Gilooley
13. Birthplace Co. Letrim, Ireland

MOTHER 14. Maiden name Mary Tigue
15. Birthplace Co. Mayo, Ireland

16. Informant Sister Rosa, Assistant
Address St. Joseph's Central House

17. Burial Date thereof Feb. 24, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Joseph's (Private)
Emmitsburg, Maryland
Location.....

18. Funeral director L. Allison
Address Emmitsburg Md.

19. Feb 22 1945 M.F. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22, 1945 19..... at 10:14 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26, 1943 to Feb 20, 1948
and that I last saw him alive on Feb 20 1948 - 19.....

Immediate cause of death Cardiac Cathemia
DURATION 2 days

Due to Chronic Arterial Sclerosis 10 yrs.

Due to Hypertension 4 yrs.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide..... Date of.....
Where did injury occur?.....
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE Morris A. Bieley M.D.
M. D. or other
Address Thurmont - Md. Date signed 2/22/45

RECEIVED
MAR 3 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (100-2)

CERTIFICATE OF DEATH

01717

Reg. Dist. No. 141

1. PLACE OF DEATH:

County... Frederick
 City or town... Brunswick, Md. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 14 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Brunswick, Md. Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

Samuel Darby Grimes

3. (b) Social Security Number

4. Sex... male
 5. Color or race... white
 6.(a) Single, married, widowed, or divorced... Single

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)... June 27, 1874
 B.(c) If alive, give age..... years

8. AGE: Years... 70 Months... 7 Days... 9
 If less than one day... hrs. min.

9. Birthplace... Poolesville, Md
 (Town, county, and state)

10. Usual occupation... Retired Railroader11. Industry or business... B and O R.R. Co.12. Name... John R. Grimes13. Birthplace... Montgomery Co, Md.14. Maiden name... Lucy Ann Darby15. Birthplace... Montgomery Co, Md.16. Informant... Mrs Ella M. RubleAddress... Brunswick, Md. R.F.D.

17. Burial... Date thereof... 2/9/45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Monocacy Cemetery
 Location... Beallsville, Md.

18. Funeral director... M. R. E. Chison and SonAddress... Frederick, Md.

19. 7- Feb 19 45
 (Date rec'd by registrar) Rec. 7 Feb - 8-1945

MEDICAL CERTIFICATION

20. DATE OF DEATH... Feb 6 19 45, at N.A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him Jan 6 19 45
 Immediate cause of death... Myocardial infarction

DURATION... 10 min

Due to... Myocardial infarctionDue to... Chronic

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work

23. SIGNATURE... R.W. Baur

M. D. or other... Frederick, Md
 Address... Date signed 2-6-45

CERTIFICATE OF DEATH

RECORDED
MAR 2 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

01718

131

Reg. Dist. No.

1. PLACE OF DEATH:

County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

65 South Market Street

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 65 South Market St
(If rural, give LOCATION)

2.(a) If veteran, name War.....

3. (a) FULL NAME

Ella Gertrude Hargett

3. (b) Social Security Number

none

4. Sex	5. Color or race	6. (a) Single , married, widowed, or divorced
<u>female</u>	<u>White</u>	<u>Married</u>

6. (b) Name of husband or wife... Lewis B. Hargett6. (c) If alive, give age... 72 years7. Birth date of deceased (mo., day, yr.) July 6, 1873

8. AGE:	Years	Months	Days	If less than one day
<u>71</u>	<u>7</u>	<u>2</u>hrs.min.

9. Birthplace... Sandy Hook, Md.

(Town, county, and state)

10. Usual occupation... Housewife11. Industry or business... At Home12. Name... Cornelius Virts13. Birthplace... Loudon Co., Va.14. Maiden name... Catherine Ennis15. Birthplace... Washington Co., Md.16. Informant... Wilbur C. HargettAddress... East Church St, Frederick, Md.17. Burial Date thereof... 2/12/45

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Mt. Olivet CemeteryLocation... Frederick, Md.19. Funeral director... M.R. Etchison and SonAddress... Frederick, Md.19. Feb 19 45 Elizabeth B. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 8 19 45 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 19 45 to Feb 8 19 45and that I last saw h... ER alive on Feb 8 19 45Immediate cause of death... Coronary ThrombosisDURATION... 2 weeksDue to... MyocarditisDue to... Robert M. HargettOther conditions... 8 years

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?.....

Signature... Frank H. HedgeAddress... Frederick, Md.23. SIGNATURE... Elizabeth B. HeckDate signed... 2/12/45

RECEIVED

RECEIVED

RECEIVED

FEB 15 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Knoxville, Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Knoxville, Rural
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2. (a) If veteran, name war no

3. (a) FULL NAME

Conrad Alexander Herbert

3. (b) Social Security Number

no4. Sex male5. Color or race Negro6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Anna Herbert6. (c) If alive, give age 36 years7. Birth date of deceased (mo., day, yr.) Feb. 7, 19028. AGE: Years 42 Months 11 Days 26 It less than one day

.....hrs.min.

9. Birthplace Jefferson, Fredk. Co., Md.
(Town, county, and state)10. Usual occupation day laborer

11. Industry or business

12. Name Claude Delauter13. Birthplace Jefferson, Md.14. Maiden name Florence Herbert15. Birthplace Jefferson, Md.16. Informant Florence WeedonAddress Brunswick, Md.17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof Feb. 7, 1945
(month) (day) (year)Cemetery or crematory Sumner's M. CemeteryLocation Jefferson, Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. Feb 7 19 45 Emma martus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 19 45 at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw him 17 days on19.....Immediate cause of death hemorrhageDURATION 15 min.Due to gun shot wound ofleft axilla

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of Feb 3 45Where did injury occur? Frederick Co. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury 12 ga. Shot gun injured at work? no23. SIGNATURE P. W. Bow M. D. or otherAddress Frederick, Md. Date signed 2-6-45

RECEIVED
MAR 2 1945
BUREAU V. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

01720

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 hoursHospital, institution, or street address where death occurred:
219 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of Columbia County WashingtonCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 4491 MacArthur Blvd
(If rural, give LOCATION)

2. (a) If veteran, name war

None

✓

3. (a) FULL NAME

DESSIE MAY HOFFMAN

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FWW8. (b) Name of husband Charles W. Hoffman

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 10, 18778. AGE: Years Months Days If less than one day
67 2 24 hrs. min.9. Birthplace Nr. Woodsboro-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Hezekiah Fox
13. Birthplace Frederick County Maryland14. Maiden name Mary Matilda Smith
15. Birthplace Frederick County Maryland18. Informant Mrs. Jesse Ramsburg
Address 219 S. Market St., Frederick, Md.17. Burial Date thereof 2/6/45
(Burial, cremation, or removal, when?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
Location18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 6 Feb 19 45 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4, 1945 at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 3 19 45 to Feb. 4 19 45
and that I last saw her alive on Feb. 3 19 45

Immediate cause of death

Cardiac Bloo. 1939
just attack

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick, Maryland M. D.
Address Date signed 2-5-45

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 12 1945
BUREAU V.S.

copy 6.00

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Creagerstown- rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Creagerstown- rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
no
 2.(a) If veteran, name war _____

3.(a) FULL NAME

Ella Harriet Hoffman.

3.(b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife George Elmer Hoffman6.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) September 25, 1884

8. AGE:

Years

Months

Days

If less than one day

60422

hrs.

min.

8. Birthplace Adams County, Pa.

(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Wm. D. Hankey
 13. Birthplace Creagerstown, Md.

MOTHER 14. Maiden name Anna M. Wilhide
 15. Birthplace Frederick County, Md.

16. Informant George E. Hoffman
 Address Creagerstown, Md.

17. Burial Feb. 20, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CreagerstownLocation Creagerstown, Md.18. Funeral director M. L. Creager & Son.Address Thurmont, Md.

19. Feb. 19, 1945
 (Date rec'd by registrar)

Anna M. Jones
Per Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 17, 1945 at 3:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1, 1944 to Feb. 17, 1945
 and that I last saw him or her alive on Feb. 16, 1945

Immediate cause of death Cerebral Hemorrhage DURATION 8 days
arterial sclerosis

Due to Cerebral Hemorrhage 3 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Morris A. Bielewicz M.D. M. D. or other

Address Thurmont, Md. Date signed 2/19/45

RECEIVED
MAR 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01722

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 115 Record Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

ELEANOR MURDOCK JOHNSON

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) August 10, 1860 8.(c) If alive, give age years

8. AGE: Years 84 Months 6 Days 2 If less than one day hrs. min.

9. Birthplace Frederick, Maryland
 (Town, county, and state)

10. Usual occupation Retired Housekeeper11. Industry or business None12. Name Ross Johnson13. Birthplace Frederick County, Maryland14. Maiden name Maria L. Hammond15. Birthplace Frederick County, Maryland16. Informant Miss Lucy Johnson RecordsAddress Home for Aged, Frederick, Md.

17. Burial Date thereof Feb. 11, 1945
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland

19. 13 Feb 1945 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 19 45, at 6:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 19 45, to Feb 12 19 45

and that I last saw her alive on Feb. 12 19 45

Immediate cause of death Cerebral Hemorrhage DURATION 5 daysDue to Cerebral HemorrhageDue to Cerebral HemorrhageOther conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations NoneDate of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearse M.D. M. D. or otherAddress Frederick, Md. Date signed 2/13/45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED
FEB 16 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01723

Reg. Dist. No. 132

1. PLACE OF DEATH:

County FredrickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 68 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredrickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) if veteran, name war no

3. (a) FULL NAME

Mary Elizabeth Kepler

3. (b) Social Security Number

no4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Alonza C Kepler7. Birth date of deceased (mo., day, yr.) April 9, 18768. AGE: Years 68 Months 9 Days 27 6. (c) If alive, give age _____ years9. Birthplace Middletown-Fredrick Co. Md.
(Town, county, and state)10. Usual occupation Operator of Boarding House

11. Industry or business

12. Name David Broff13. Birthplace Middletown, Md.14. Maiden name Malinda C. Routzahn15. Birthplace Middletown, Md.16. Informant Leland M. KeplerAddress Middletown, Md.17. Burial Burial Date thereof 2-9-45
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. Feb 9 19. 45 Main Gladhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 19. 45, at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw her dead live on Feb 6 19. 45Immediate cause of death coronary occlusionDURATION Immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Barr Deputy Med Ex.

M. D. or other _____

Address Fredrick, Md. Date signed 2.6.45

RECEIVED

MAR 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01724

Reg. Diat. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Barnesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Schnauffer Hospital
3 days

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Barnesville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Frances Kerne

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female white widow6. (b) Name of husband or wife John W Kerne

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age _____ years

Dec 16th 1866

8. AGE:

Years

Months

Days

It less than one day

7526

.....hrs.min.

9. Birthplace

MD

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Chas J McKernan

13. Birthplace

Barnesville, Md

14. Maiden name

Mary J. Kerne

15. Birthplace

Barnesville, Md

18. Informant

Mrs Carrie Moore

Address

1324 4th St Frederick Md

19. Burial

Barnesville, Md

(Burial, cremation, or removal, which?)

Date thereof

Feb 26 1945
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

C. H. Felt + SonBarnesville, Md

19. Date rec'd by registrar

Feb 25 1945Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1945, at 3:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 20 1945 to Feb 22 1945
and that I last saw him alive on Feb 22 1945

Immediate cause of death

DURATION

Cerebral Hemorrhage 3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

William S. Shuman
Barnesville Feb 24 1945

RECEIVED
MAR 2 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

01725/31
Reg. Dist. No.

1. PLACE OF DEATH

County Fredrick

City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Walkersville

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick

City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Fredrick St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas Wayne Infant K. Kohlenburg

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced single

8.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1945 6.(c) If alive, give age years

8. AGE: Years 0 Months 0 Days 0 If less than one day One hrs. min.

9. Birthplace Fredrick Co. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Thomas Wayne William Thomas

13. Birthplace Fredrick Co. Kohlenburg

14. Maiden name Beatrice May Keeney

15. Birthplace Walkersville, Md.

18. Informant William Kohlenburg

Address Walkersville

17. Burial Date thereof 2-1-1945
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or other place W. Hill

Location Lewisburg

18. Funeral director G. G. Barton

Address Walkersville

19. 1-Feb 1945 Elizabeth G. Hecker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1945 19 at 7: A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 6: A.M. to 7: A.M. 1945 to 19 and that I last saw him alive on 19

Immediate cause of death Prematurity - 6 months DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel E. Estudy M. D. or other

Address Walkersville, Md. Date signed 2/1/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

101

RECEIVED

RECEIVED
FEB 12 1935
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01726

Reg. Dist. No. 135

1. PLACE OF DEATH:

County Frederick
 City or town Myersville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life 63 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Frederick
 City or town Myersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sallie Virginia Lewis

3. (b) Social Security Number

no

4. Sex Female white 5. Color or race Married 6.(a) Single, married, widowed, or divorced
 6.(b) Name of husband or wife Walter F. Lewis
 6.(c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) April 7, 1881
 8. AGE: Years 63 Months 9 Days 28 If less than one day _____ hrs. _____ min.
 9. Birthplace Myersville Fred Co. Md.
 (Town, county, and state)
 10. Usual occupation House wife

11. Industry or business

FATHER 12. Name John Atkins
 13. Birthplace Myersville, Md.
 MOTHER 14. Maiden name Amanda Lewis
 15. Birthplace Myersville, Md.

16. Informant Walter F. Lewis
 Address Myersville, Md.
 17. Burial Date thereof 2-8-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Crossnickel Cemetery
 Location Myersville, Md (Rural)
Ballhill Co.

18. Funeral director Ballhill Co.
 Address Middleton, Md.

19. Feb 8 19 45 C.L. Leatherman
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 19 45, at 6 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-2-45 to 19-45

and that I last saw her alive on 2-2-45

Immediate cause of death

Lobar Pneumonia
R. Inj. ?

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. J. Baum Sr M. D. or other

Address Frederick, Md Date signed 2/7/45

RECEIVED

MAR 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (732)

CERTIFICATE OF DEATH

01727

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County... Frederick
 City... Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
Montevue
 How long in hospital or institution?..... 7 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City... Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Feagaville
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME
ANNA MARY JANE LIGHTNER

3. (b) Social Security Number
None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
6. (b) Name of husband or wife... <u>Robert H. Lightner</u>		
7. Birth date of deceased (mo., day, yr.) <u>January 8, 1854</u>		
8. AGE: Years <u>91</u>	Months <u>1</u>	Days <u>15</u>
If less than one day hrs. min.		

9. Birthplace... Thurmont-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation... None

11. Industry or business

FATHER	12. Name... <u>John Fox</u>
	13. Birthplace... <u>Maryland</u>
MOTHER	14. Maiden name... <u>Susan Eigenbrode</u>
	15. Birthplace... <u>Maryland</u>

16. Informant... Clarence R. Lightner
 Address... Frederick, Maryland R.F.D.#4

17. Burial
 (Burial, cremation, or removal. Which?) Date thereof... 2/26/45
 (month) (day) (year)
 Cemetery or crematory... Mount Olivet Cemetery
 Location... Frederick, Maryland
M. R. Etchison and Son
 18. Funeral director...
 Address... Frederick, Maryland

19. 26 Feb 1945... Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 23rd, 1945 at 10.15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 19, 1945 to February 22, 1945
 and that I last saw him/her alive on February 23, 1945

Immediate cause of death... Myocardial Infarction
acute coronary atherosclerosis
Myocardial Degeneration
 DURATION
?

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 6 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE... L. R. Scherwin M. D.

M. D. or other

Address... Frederick, Maryland Date signed... 2-24-45

BUREAU V. S.

FEB 28 1945

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *MD*

CERTIFICATE OF DEATH

01728

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

225 East Church St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 225 East Church
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Anna Catherine Long

3. (b) Social Security Number

none4. Sex Female5. Color or race white6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) Dec. 4, 1866

6.(c) If alive, give age _____ years

8. AGE:

Years 78Months 1Days 29

If less than one day

hrs. _____

min. _____

9. Birthplace Baltimore, Md
(Town, county, and state)10. Usual occupation V

11. Industry or business

FATHER

12. Name James Long13. Birthplace Ireland

MOTHER

14. Maiden name Mary Mahoney15. Birthplace Ireland16. Informant Catherine LongAddress Frederick Md

17. Burial, cremation, or removal: Which?

BurialDate thereof 2/6/45

(month) (day) (year)

Cemetery or crematorium Common PlaceLocation Baltimore, Md18. Funeral director Harry E. Cant CoAddress Frederick, Md19. 5 Feb

(Date rec'd by registrar)

19 45Elizabeth G. Hech

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 19 45 at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 31 19 45, to Feb. 3 19 45
and that I last saw him alive on Feb. 3 19 45Immediate cause of death Fractured hip

DURATION

2 daysDue to Fall in house

Due to _____

Other conditions Dilatation heart

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____

Date of _____

Where did injury occur? Home

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE W. M. Smith M.D.

M. D. or other

Address Frederick, MdDate signed 2-3-45

CERTIFICATE OF DEATH

RECEIVED
FEB 12 1945
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-9

CERTIFICATE OF DEATH

01729

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 360 West Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ELLA SUSAN MAIN

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 15, 1871

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

73122

.....hrs.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Lewis H. Main13. Birthplace Frederick County Maryland14. Maiden name Eleanor Thomas15. Birthplace Frederick County Maryland16. Informant Mrs. Frank EppleyAddress Frederick, Maryland17. Burial Date thereof 2/10/45

(Burial, cremation, or removal-Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 8 Feb 19 45
(Date rec'd by registrar)Elihu D. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 7, 19 45 at 9:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 19 45 to Feb 7 19 45
and that I last saw him alive on Feb 7 19 45

Immediate cause of death

DURATION

Carcinoma of Pancreas
Due to + Metastasis

Due to

Other conditions Ecchymosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE H. Lawrence Fabian M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-8-45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED
FEB 12 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-7)

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since May 19, 1944
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since May 19, 1944

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 511 Pine Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Calton H. Martz

3. (b) Social Security Number

214-07-4929

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Margaret Martz

7. Birth date of deceased (mo., day, yr.)

March 12, 1906

8. (c) If alive, give age..... years

8. AGE:

Years

38

Months

10

Days

24

If less than one day

.....hrs.min.

9. Birthplace

Hyndman, Pa.

(Town, county, and state)

10. Usual occupation

Process Worker

11. Industry or business

FATHER

12. Name

Frank Martz

13. Birthplace

Pennsylvania

MOTHER

14. Maiden name

Elizabeth Geller

15. Birthplace

Pennsylvania

18. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

2/8/45

(month) (day) (year)

Cemetery

Hillcrest Burial Park

Location

Cumberland, Md.

18. Funeral director

John J. Hafer

Address

Balto. Ave., Cumberland, Md.

19. (Date rec'd by registrar)

2/5/45

19

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH

February 5

19

45

at

8 A

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19

1944

to

Feb. 5

19

45

and that I last saw him alive on

February 5

19

45

Immediate cause of death

Pulmonary Tuberculosis

DURATION

1 1/2 yrs.

xxx Laryngeal Tuberculosis

9 Mos.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

injured at work?

23. SIGNATURE

J. B. Linn

M. D. xxxx

Address

State Sanatorium, Md.

Date signed 2/5/45

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED
FEB 13 1945
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

01731

Reg. Dist. No. 138

1. PLACE OF DEATH: Frederick
 County near Ridgerville
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State County
 City or town
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Warner Mathias

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife Mary Mathias

7. Birth date of deceased (mo., day, yr.) unknown 6. (c) If alive, give age years

8. AGE: Years about 80 Months Days It less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Labor

11. Industry or business

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Minnie Mathias

Address 429 N. Market St. Frederick

17. (Burial, cremation, or removal. Which?) Burial Date thereof March 2, 1945
 (month) (day) (year)

Cemetery or crematory Int. Olvest

Location Frederick Md

16. Funeral director H. M. Swisher

Address Int. City

19. Mar 1 19 45 Lillian K. Halcom
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 19 45 at 10:15 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from to

and that I last saw him 17 days or 19 days before death Feb 27 19 45

Immediate cause of death Apoplexiation DURATION 5 hours

Choking

Due to Baraging of house

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2. 27. 45

Where did injury occur? Mar Place # 4 Frederick, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Fire in house Injured at work? no

23. SIGNATURE R. W. Bow

Address Frederick, Md. M. D. or other

Date signed 2. 28. 45

RECEIVED

MAR 5 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

FILM No G 9 4 APR 13 1945

01732
Reg. Dist. No. 134

1. PLACE OF DEATH:

County... Frederick County
City or town... Emmitsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... Since 1928
Hospital, institution, or street address where death occurred:
St. Joseph's Central House
How long in hospital or institution?... About 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No...
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME

Anna Leonora McFarland (Sister Leona)

3. (b) Social Security Number

None

4. Sex... Female
5. Color or race... White
6. (a) Single, married, widowed, or divorced... Sister of Charity

6. (b) Name of husband or wife...

7. Birth date of deceased (mo., day, yr.)... December 5, 1887

8. AGE: Years... 58 57-58 Months... 2 Days... 6 It less than one day... hrs. min.

9. Birthplace... Ashville, North Carolina
(Town, county, and state)

10. Usual occupation... Sister of Charity
Supervision of Children

11. Industry or business...

12. Name... Thomas McFarland
13. Birthplace... Lincastle, Virginia

14. Maiden name... Catherine Stack
15. Birthplace... Union, W. Virginia

16. Informant... Sister Rosa, Assistant
Address... St. Joseph's Central House

17. Burial... Date thereof... Feb. 13, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or place of burial... St. Joseph's (Private)
Location... Emmitsburg, Maryland

18. Funeral director... S. L. Allison
Address... Emmitsburg Md.

19. Date rec'd by registrar... Feb. 12, 1945
M. F. Shuff

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 11, 1945... at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1, 1943, to Feb 11, 1945, and that I last saw her alive on Jan 29, 1945.

Immediate cause of death... Cancer of Lungs
DURATION... 3 yrs

Due to...

Due to...

Other conditions... Chronic Asthma 10 yrs

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Morris A. Burch M.D.
M. D. or other

Address... Thurman Mt. Md. Date signed... 2/12/45

RECEIVED

MAR 3 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01733

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Elizabeth Michael

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 18638. AGE: Years 81 Months 2 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co., Md.
(Town, county, and state)10. Usual occupation Seamstress

11. Industry or business _____

12. Name Isaac Michael13. Birthplace Frederick Co.14. Maiden name Caroline Michael15. Birthplace Frederick Co.16. Informant Mrs. J. R. SaylorAddress Walkersville17. Burial (Burial, cremation, or removal-Which?) Date thereof Feb. 27, 1945
(month) (day) (year)Cemetery or crematorium Utica CemeteryLocation Utica18. Funeral director S. C. BartonAddress Walkersville19. 28 Feb 1945 Elizabeth G. Hule
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1945 at 6 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1944 to Feb. 27 1945 and that I last saw him alive on Feb. 26 1945.

Immediate cause of death

DURATION

Carcinoma Uterus

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where)? _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Samuel P. Fortney

M. D. or other

Address Walkersville Md Date signed 2/28/45

RECEIVED
MAY 1 1945
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

Reg. Dist. No. 01734 131

1. PLACE OF DEATH:

County Fredrick Co.City or town Fredrick Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Jewish Synagogue Fredrick Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)Street No. 103 N. Patrick St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Regina
Mrs. Samuel Miller

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, divorced

Married

6. (b) Name of husband or wife

Samuel D. Miller6. (c) If alive, give age 58 years

7. Birth date of

deceased (mo., day, yr.)

Feb 12 - 1889

8. AGE:

Years

Months

Days

If less than one day

56-14hrs.min.

9. Birthplace

Poland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

Judah Kessler

13. Birthplace

Poland

14. Maiden name

Don't know

15. Birthplace

" "

16. Informant

Miss Rose S. Miller

Address

Fredrick Md.

17. Burial, cremation, or removal

Which?

Burial Beth. Zephrah Cem.

Location

Baltimore - Maryland.

18. Funeral director

Ed. Berenson

Address

Baths. Md.

19. Date rec'd by registrar

26 - Feb 19 46Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Feb 26 19 45 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 26 19 45 to Feb 26 19 45and that I last saw him alive on Feb 26 19 45

Immediate cause of death

Acute Coronary Thrombosis

Due to

Arteriosclerosis

Due to

Diabetic Mellitus

Other conditions

Angina Pectoris

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Gustav Pease M.D.Address Fredrick Md.Date signed 2/26/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECORDED
MAR 1 1945
BUREAU A.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01735

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

614 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 18 Monroe Avenue

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MAMIE AGUSTA MOBERLY

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband or wife Levi W. Moberly6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) July 30, 1879

8. AGE:

Years

Months

Days

If less than one day

6561

hrs.

min.

8. Birthplace Nr. Frederick - Frederick - Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER

12. Name William B. Davis13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Frances Staley15. Birthplace Frederick County Maryland16. Informant Mrs. Levi W. MoberlyAddress 18 Monroe Ave., Frederick, Md.17. Burial

(Burial, cremation, or removal: Which?)

Date thereof 2/4/45

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison & SonAddress Frederick, Maryland19. 2 Feb 19 45
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1945 at 11:45 P

21. CERTIFY that death occurred on the date above stated; that attended deceased from

Oct 31 1943 to Feb 1 1945and that I last saw him alive on Feb 1 1945

Immediate cause of death

DURATION

Pulmonary EdemaHypertension. Heart

Due to

Coronary Disease

Due to

Coronary Disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D.

M. D. or other

Address Frederick, Maryland Date signed 2-2-45

RECEIVED

FEB 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01736

Reg. Dist. No. 147

1. PLACE OF DEATH:

County FrederickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 23 YEARS.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

MARY VIRGINIA MOLESWORTH

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed.6. (b) Name of husband or wife Gurney C. Molesworth.7. Birth date of deceased (mo., day, yr.) July, 22, 1869

6. (c) If alive, give age _____ years

8. AGE: Years 75 Months 6 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Frederick B. Maryland.
(Town, county, and state)10. Usual occupation House work.

11. Industry or business

FATHER 12. Name John J. Enoch13. Birthplace PENNA.MOTHER 14. Maiden name Malinda Bauer15. Birthplace MARYLAND.16. Informant Mrs. Russell LeatherwoodAddress Mt. Airy. Md.17. Burial Date thereof 2-19-45
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory ProspectLocation Mt. Airy. Fred. Co. Md.18. Funeral director C. M. WaitzAddress Winfield. Md.19. Feb. 18, 1945 Clarence A. Ruckles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1945 at 3:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to Feb. 17, 1945and that I last saw him alive on Feb. 16, 1945Immediate cause of death Acute Uremia

DURATION

1 wksDue to Chr. Nephritis10 yrs

Due to _____

Other conditions Chr. Myocarditis?Arterio Sclerosis?

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Stanley Grabill

M. D. or other

Address Mt. Airy, Md. Date signed 2/17/45

RECEIVED

MAR 5 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77

CERTIFICATE OF DEATH

01737

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Fredrick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 52 yrs
Hospital, institution, or street address where death occurred:
119 West B. St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 119 West B. St.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME

Emma S. Nicodemus

3. (b) Social Security Number

—

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Peter Nicodemus

7. Birth date of deceased (mo., day, yr.) June 19 1849 6.(c) If alive, give age — years

8. AGE: Year 95 Months 8 Days 6 If less than one day — hrs. — min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Jacob Zumbrowski
13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Gilbert
15. Birthplace Maryland

16. Informant E. S. Nicodemus
Address Brunswick Md.

17. Burial Date thereof Oct. 28 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Fredrick Md.

18. Funeral director C. N. Zuber Bay
Address Brunswick Md.

19. 2-27 1945 Emma Martin
(Date rec'd by registrar) Registrar Self

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1945 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22 1945 to Feb 26 1945
and that I last saw him alive on Feb 25 1945

Immediate cause of death Arteriosclerosis
General

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE — M. D. or other

Address — Date signed 3/27/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 2 1945
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

01738

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Few minutes
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 128 Ray Street,
 (If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME

Charles Richard Plasant

3.(b) Social Security Number

217-10-3124

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
6.(b) Name of husband or wife <u>Louise Plasant</u>			
7. Birth date of deceased (mo., day, yr.) <u>January 22, 1911</u>		6.(c) If alive, give age <u>33</u> years	
8. AGE: Years <u>34</u>	Months <u>1</u>	Days <u>5</u>	If less than one dayhrs.min.

9. Birthplace Elkins West Virginia.
 (Town, county, and state)
Fireman

10. Usual occupation

11. Industry or business Western Md. R. R.12. Name David Plasant13. Birthplace Luray Virginia.14. Maiden name Annie L. Smith15. Birthplace Luray, Virginia.16. Informant Mrs. Louise Plasant.Address 128 Ray St., Hagerstown, Md.

17. Burial Date thereof March 3, 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose HillLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress 139 N. Potomac St., Hagerstown, Md.

19. Feb 28 1945 Annam Jones
 (Date rec'd by registrar) Registrar
Paula Blanche D. Tyler

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 1945 at 7:27 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him 47 dead Feb 27 1945
 (City or town) (State)

Immediate cause of death fracture of skull
 DURATION minutes

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 27.45.

Where did injury occur? Thurmont, Frederick, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W. H. R. R. trackMeans of injury Fell from trolley Injured at work? yes23. SIGNATURE H. W. Bow M. D. or other

Address Frederick, Md. Date signed 2.27.45

RECEIVED
MAR 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 179-6

CERTIFICATE OF DEATH

01739

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick City Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 min.
 Hospital, institution, or street address where death occurred:
Frederick City Hospital
 How long in hospital or institution? 40 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Creagerstown, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
no
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harold Garrett Poole.

3. (b) Social Security Number

212-24-3159

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) September 11, 1925 6. (c) If alive, give age _____ years

8. AGE: Years 19 Months 5 Days 1 It less than one day _____ hrs. _____ min.

9. Birthplace Frederick, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Harry Garrett Poole13. Birthplace Frederick, Md.14. Maiden name Agnes Jacobs.15. Birthplace Frederick, Md.18. Informant Mrs. Grafton Keyser.Address Creagerstown, Md.17. Burial Date thereof Feb. 14, 1945

(Burial, cremation, or removal: Which?) _____ (month) (day) (year)

Cemetery or crematory FeagevilleLocation Feageville, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. 13 Feb 19 45 Elizabeth L. Heath

(Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 19 45 at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw dead Feb 12 19 45Immediate cause of death Heart failureDue to chest failureDue to clavicle, 3 inch

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

DURATION

45
min.

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2-13-45Where did injury occur? Near Thurmont, Frederick Co., Md.

(City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) noMeans of injury auto accident Injured at work? no23. SIGNATURE Dr. Ben D. DwyerAddress Frederick, Md. Date signed 2-12-45

M. D. or other

ARTIFICIAL DEATH

RECEIVED

FEB 16 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01740

Reg. Dist. No. 139

1. PLACE OF DEATH:

County FrederickCity or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Since February 21, 1945Hospital, institution, or street address where death occurred:
Maryland Tuberculosis SanatoriumHow long in hospital or institution? Since Feb. 21, 1945

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland CountyCity or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)Street No. 20 S. Durham
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Joseph W. Price, Sr.

3.(b) Social Security Number

212-05-4652

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Separated

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20, 1886

8. AGE:

Years

Months

Days

If less than one day

5913

hrs.

min.

9. Birthplace Baltimore, Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name John Price13. Birthplace Germany14. Maiden name Anna Ratdka15. Birthplace Germany18. Informant Deceased

Address

17. Date thereof (month) (day) (year)

Burial, cremation, or removal. Which? Cemetery or crematory

Location

18. Funeral director M. L. O'Quinn & SonAddress Thurmont, Md.19. (Date rec'd by registrar) 2/23/45 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 23 19 45, at 7:20 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 21 19 45, to Feb. 23 19 45, and that I last saw him alive on February 23 19 45.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

3 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Lyon M. D.Address State Sanatorium, Md. Date signed 2/23/45

RECEIVED
MAR 5 1945
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117-2

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 days
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Braddock Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

ELIZABETH PEARL PRINTZ

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Kirby A. Printz
 6. (c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) April 8, 1898
 8. AGE: Years 46 Months 9 Days 13 If less than one day
hrs.min.

9. Birthplace Luray, Virginia
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business

FATHER 12. Name Milton Dodson
 13. Birthplace Luray, Virginia
 MOTHER 14. Maiden name Lydia Nicholas
 15. Birthplace Luray, Virginia

16. Informant Mr. Kirby A. Printz
 Address Braddock Heights, Maryland

17. Burial 2/23/45
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
M. R. Etchison and Son
 18. Funeral director
 Address Frederick, Maryland

19. 23 Feb - 1945 - Elizabeth G. Heck.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21st, 1945 at 1:50A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb. 20 1945 to Feb 21 1945
 and that I last saw him alive on Feb 20 1945

Immediate cause of death Generalized peritonitis DURATION 4 days

Due to Perforated gastric ulcer

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Perforated gastric ulcer
generalized peritonitis Date of op. 2/20/45

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE L. R. Scholten M. D.
 M. D. or other
 Address Frederick, Maryland Date signed 2-22-45

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

RECEIVED

FEB 24 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH ENRADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01742

Reg. Dist. No.

131

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Emergency Hospital
 How long in hospital or institution?..... 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland..... County..... Frederick.....
 City or town..... Frederick.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 222 East 7th. St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Mary Catherine Rhoderick

3. (b) Social Security Number

None

4. Sex..... Female.....
 5. Color or race..... White.....
 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... George Wm. Rhoderick
 B. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... ? ? 1874

8. AGE: Years..... Months..... Days..... If less than one day.....
 71 ? ? hrs. min.

9. Birthplace..... Frederick County Maryland
 (Town, county, and state)

10. Usual occupation..... Retired Housekeeper

11. Industry or business

12. Name..... Francis Brown

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Susan Zimmerman

15. Birthplace..... Frederick County Maryland

16. Informant..... Charles H.C. Rhoderick

Address..... E. 3rd. St.-Frederick, Md.

17. Burial..... Date thereof..... Feb. 13-1945
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C.E. Cline and Son

Address..... Frederick, Md.

19. 12 Feb 1945 Elizabeth H. Hark Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 10th. 1945 at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1, 45, to Feb. 10, 45
 and that I last saw him alive on Feb. 9, 1945

Immediate cause of death.....

Brancho pneumonia
 (terminal)

DURATION

2 days

Due to.....

arterio-sclerosis
 myo-cardial degeneration

?

Due to.....

Other conditions.....

Cerebral arterio-sclerosis

?

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... S. R. Schowen

M. D. or other

Address..... 5 W. 2nd St. Date signed..... 2/12/45

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

FEB 15 1945

BUREAU V.S.

Mr. T. J. Kennedy

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01743

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick City Hospital
 How long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
 City or town New Midway
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war no

3. (a) FULL NAME

Ezra M. Shank

3. (b) Social Security Number

no4. Sex male 5. Color or race white 6. (a) Single married, widowed, or divorced6. (b) Name of husband or wife Marcella Eyles Shank6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) Oct 1 - 18658. AGE: Years 79 Months 3 Days 28 If less than one day9. Birthplace Woodsboro Fred Co Md

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Michael Shank13. Birthplace Woodsboro Md14. Maiden name Eva Crum15. Birthplace Woodsboro Md16. Informant Mrs. V. Roland HounmyAddress New Midway Md17. Burial (Burial, cremation, or removal of body) Burial Date thereof Feb 17 - 1945

(month) (day) (year)

Cemetery or crematory Mt Hope CemsLocation Woodsboro Md18. Funeral director M. J. Creager SonAddress Thurmont Md19. 16 Feb 1945 Elizabeth G Heck

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15 1945 at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 28 1945 to February 14 1945and that I last saw him alive on February 14 1945Immediate cause of death BronchopneumoniaDURATION 3 daysDue to HypostasisOther conditions Carcinoma of sigmoid 1 year?

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of colonDate of op. Feb 8, 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. R. Schoolman M.D.Address 501 W. 2nd St Date signed 2/16/45Prudent

CERTIFICATE OF DEATH

RECORDED

FEB 19 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137

CERTIFICATE OF DEATH

Reg. Dist. No. 01744 139

1. PLACE OF DEATH:

County FrederickCity or town Lantz
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 month

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Lantz
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Richard Lee Smith

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

✓6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Jan. 11, 1945

8. AGE:

Years

Months

Days

If less than one day

1 2 hrs. min.9. Birthplace Lantz, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Albert Smith

13. Birthplace

Lantz, Md.

MOTHER

14. Maiden name

Ethel Forrest

15. Birthplace

Lantz, Md.

16. Informant

Albert Smith

Address

Lantz, Md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Feb 15, 1945
(month) (day) (year)

Cemetery or crematory

Bethel

Location

Bethel - near Cascade

18. Funeral director

M. L. Beager & Son

Address

Thermont, Md.

19.

Feb 15
(Date rec'd by registrar)1945C. E. Shields

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13, 1945 at 7 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 11, 1945 to Feb. 13, 1945and that I last saw him alive on Feb. 13, 1945

Immediate cause of death

DURATION

Pneumo - pneumonia2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James A. Gray
Thermont, Md.Md.

M. D. or other

Address

Date signed 2/12/45

MAKING STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
MAY 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (116)

CERTIFICATE OF DEATH

01745

Reg. Diat. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
23 West All Saints St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 23 West All Saints St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

W. EDWARD SNOWDEN

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
 8.(b) Name of husband or wife... Mary Lester Lee
 7. Birth date of deceased (mo., day, yr.) ? ? 1872 8.(c) If alive, give age... years
 8. AGE: Years 73 Months ? Days ? If less than one day
hrs. min.

9. Birthplace... Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation... Chauffeur
 11. Industry or business

12. Name... G. Perry Snowden
 13. Birthplace... Frederick Co. Md.
 14. Maiden name... Don't Know
 15. Birthplace

18. Informant... Mrs. Edith Scott
 Address... Broadway- Frederick, Md.
 17. Burial... Feb. 8-1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium... Fairview Cemetery
 Location... West of Frederick, Md.

18. Funeral director... C.E. Cline and Son
 Address... Frederick, Maryland

19. 6 Feb 19 45 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 4th 19 45 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1-30 19 45 to 2-4 19 45
 and that I last saw him alive on 2-3 19 45

Immediate cause of death... Starvation DURATION

Due to... Structure Esophagus
Cause unknown. No further information

Due to... Cancer

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. G. Bourne Sr. - M.D.
 M. D. or other

Address... Frederick - Md. Date signed 2-5-45

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 12 1945

BUREAU V.S.

Mr. Thomas E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

01746

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
330 West College Terrace
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 330 West College Terrace
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME MARY ALICE SOLAN
3. (b) Social Security Number None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
6. (b) Name of husband or wife Frank J. Solan, Sr.
7. Birth date of deceased (mo., day, yr.) December 1, 1862
8. AGE: Years 82 Month 2 Days 7 If less than one day hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Joseph Plowman
13. Birthplace Washington, D. C.
14. Maiden name Margaret Wilson
15. Birthplace Washington, D. C.

16. Informant Mrs. Leo T. Waterman
Address 330 W. College Terrace-Fred'k, Md

17. Burial Burial Date thereof 2/10/45
(Burial, cremation, or removal, which) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Washington, D. C.

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 9-Feb 1945 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8, 1945 at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 7 1945 to Feb 8 1945
and that I last saw him alive on Feb 8 1945

Immediate cause of death DURATION
Cerebral Hemorrhage 24 hrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE EP Thom as M. D. or other
Address Frederick, Md Date signed 2-8-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

AMERICAN STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY OF NEW YORK

DEPARTMENT OF HEALTH

RECEIVED
FEB 13 1945
BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 years

Hospital, institution, or street address where death occurred:

220 East Seventh StreetHow long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 220 East Seventh Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

ANDREW GRANT STARR

3.(b) Social Security Number

None

4. Sex

Male

5. Color or race

White6.(a) ~~Single~~, married, widowed, or divorcedMarried6.(b) Name of husband or wife Mertie Boston Starr6.(c) If alive, give age 72 years7. Birth date of deceased (mo., day, yr.) August 31, 1871

8. AGE: Years Months Days If less than one day

7361----- hrs. ----- min.9. Birthplace Frederick County, Maryland

(Town, county, and state)

10. Usual occupation Retired Farmer11. Industry or business None12. Name Henry Starr13. Birthplace Unknown14. Maternal name Elizabeth Glaze15. Birthplace Frederick County, Md.16. Informant Mrs. Andrew StarrAddress Frederick, Maryland17. Burial Date thereof Feb. 6, 1945

(Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Mt. Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 3 February 1945 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1945 at 2:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1944 to 1945and that I last saw him alive on Jan 20 1945Immediate cause of death CardiomyopathyDue to MyocarditisDue to MyocarditisOther conditions Myocarditis

RECEIVED STATE DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

RECEIVED
FEB 12 1945
BUREAU V.S.

In. Hodge

In. Hodge

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01748
131

1. PLACE OF DEATH;
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred:
Frederick City Hospital
How long in hospital or institution? 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Middletown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
ANNIE CATHERINE STINE

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6. (a) Single; married, widowed, or divorced M
6. (b) Name of husband or wife Walter A. Stine
7. Birth date of deceased (mo., day, yr.) Unknown
6. (c) If alive, give age years
8. AGE: Years 40? Months Days If less than one day hrs. min.

9. Birthplace UNKNOWN
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business

12. Name UNKNOWN
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. Informant Walter A. Stine
Address Middletown, Maryland

17. Burial Burial Date thereof 2/16/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lutheran Cemetery
Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 15 Feb 19 45 Elizabeth H. Hede
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14th, 19 45, at 1:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 12 19 44 to Feb 14 19 45
and that I last saw him alive on Feb 13 19 45

Immediate cause of death Malignant - Pulmonary
Edema - Infarct
Due to Mitral and Aortic Regurgitation
Due to Chronic Syphilis
Other conditions None

DURATION

1 yr3 mo?

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE Q. J. Brice M. D.
Address Jefferson, Maryland M. D. or other 2-14-45
Date signed

RECEIVED TO THE ATTORNEY GENERAL

RECEIVED TO THE ATTORNEY GENERAL

RECEIVED

FEB 19 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Arch L. Thomas
 4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary M. Thomas
 6.(c) If alive, give age 71 years

3. (b) Social Security Number

no

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1866

8. AGE: Years 78 Months 4 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown, Fred. Co. Md.
 (Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business _____

FATHER 12. Name John Thomas

13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Louise Crona

15. Birthplace Middletown, Md.

16. Informant Mary M. Thomas

Address Middletown, Md.

17. Burial Date thereof 3-2-45
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Bladhill Company

Address Middletown, Md.

19. Mar. 2 19 45 Main Bladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-28 19 45, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 44, to Feb 28 19 45, and that I last saw him alive on Feb 27 19 45

Immediate cause of death _____

Carcinoma of Stomach DURATION 8 mo

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. S. Harp M. D. or other _____

Address Middletown Date signed 3-1-45

RECEIVED

MAR 7 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01750

Reg. Dist. No. 145

1. PLACE OF DEATH:

County... Frederick
City or town... Myersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 24 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Myersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

George Doub Toms

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Annie (Bittie) Toms

6. (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) January 12, 1869

8. AGE: Years 86 Months 1 Days 9 If less than one day hrs. min.

9. Birthplace Myersville, Fred. Co, Md
(Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business OWN farm

12. Name Ezra Toms

13. Birthplace Maryland

14. Maiden name Sophia Doub

15. Birthplace Maryland

16. Informant Mrs Geo. D. Toms

Address Myersville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 24, 1941
(month) (day) (year)

Cemetery or crematory MT Zion United Brethren

Location Myersville, Md.

18. Funeral director J. Thos. Bittie & Son

Address Myersville, Md

19. Feb 22 45 (Date rec'd by registrar) J. Edgar Bittie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 21 1945 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 1945 to Feb 21 1945 and that I last saw him alive on Feb 20 1945

Immediate cause of death

DURATION

Cerebral Hemorrhage 48 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edgar Bittie M. D. or other

Address Myersville, Md Date signed 2-22-45

RECEIVED
MAR 3 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01751

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town near Liberty town
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town near Liberty town
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Elizabeth Valentine

3. (b) Social Security Number

4. Sex F. 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife W = Valentine7. Birth date of deceased (mo., day, yr.) Oct. 31, 18738. AGE: Years 70 Months 3 Days 0 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co. Md.
(Town, county, and state).10. Usual occupation House wife11. Industry or business Own home12. Name Singleton Duppina13. Birthplace Frederick Co. Md.14. Maiden name Sarah Jane Richardson15. Birthplace Frederick Co. Md.16. Informant Miss Mary Elizabeth ValentineAddress 457 E. Pine St. Germantown17. Burial Date thereof Feb 5 1945
(Burial, cremation, or removal - Which?) (month) (day) (year)Cemetery or crematory Old Field CemeteryLocation near Liberty town Md.18. Funeral director Barclay HartylerAddress 2400 Woodboro Md.19. Feb 3 1945 W. C. Crawford
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1945, at 6 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1945, to Feb 1 1945and that I last saw her alive on Jan 26 1945Immediate cause of death chronic myocarditisDue to arterio sclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underlines the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. H. Legg M. D. or other _____Address Union Park Date signed 2-1-45

RECEIVED
MAR 3 1945
U.S. BUREAU

RECEIVED
MAR 3 1945
U.S. BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
age of deceased is shown on
FILM NO. G 9 4 APR 13 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

CERTIFICATE OF DEATH

01752

Reg. Dist. No. 134

1. PLACE OF DEATH:

County..... Frederick
City or town..... Emmitsburg.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 4 years.
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Frederick
City or town..... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No..... Seton Street
(If rural, give LOCATION)
no
2.(a) If veteran, name war.....

3.(a) FULL NAME

Sarah C. Walter.

3.(b) Social Security Number
none

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... widowed
6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... October 27, 1867
8. AGE: Years..... 77 ~~75~~ Months..... 3 Days..... 7 If less than one day..... hrs. min.

9. Birthplace..... Mt. St. Mary's Frederick Co., Md.
(Town, county, and state)

10. Usual occupation..... Retired
Housewife

11. Industry or business.....

FATHER 12. Name..... Jerome F. Kelly
13. Birthplace..... Washington Co., Md.

MOTHER 14. Maiden name..... Mary B. Peddicord
15. Birthplace..... Emmitsburg, Md.

16. Informant..... Miss Alice Kelly
Address..... Emmitsburg, Md.

17. Burial..... Feb. 7, 1945
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
Cemetery or crematory..... St. Anthony's
Location..... St. Anthony's, Md.

18. Funeral director..... M. L. Creager & Son.
Address..... Thurmont, Md.

19. Feb 6 - 19 45 M. F. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 4, 1945 at 1 A:M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 5 1945 to Feb 4 1945
and that I last saw him alive on Jan 25 1945

Immediate cause of death..... Coronary Thrombosis
Valvular Heart Disease
DURATION..... 7 mos

Due to..... Chronic Arterial Sclerosis

Due to..... Chronic Rheumatism

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide..... Date of
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... Morris D. Birely M. D. or other
Address..... Thurmont, Md. Date signed..... 2/5/45

RECEIVED

MAR 3 1945

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01753

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. East Main
(If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (a) FULL NAME

Sarah Columbia Warrenfeltz

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 9, 1860

8. AGE:

Years 84Months IIDays 16

If less than one day _____ hrs. _____ min.

9. Birthplace Thurmont, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

12. Name Uriah Warrenfeltz13. Birthplace Thurmont, Md.14. Maiden name Susan Catherine Firor.15. Birthplace Thurmont, Md.16. Informant Glenn GallAddress Thurmont, Md.17. Burial Date thereof Feb. 27, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United BrethernLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Feb. 27, 1945 Anna M. Jones
(Date rec'd by registrar) RegistrarP. Blanche S. Eyles

MEDICAL CERTIFICATION

20. DATE OF DEATH February 25, 1945 at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15, 1944 to Feb. 25, 1945
and that I last saw him alive on Feb. 24, 1945

Immediate cause of death

Benignancy of the heart

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Thurmont, Md.

M. D. or other

Date signed 2/26/45

RECEIVED

MAR 3 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(1972)

01754

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Lifetime
 Hospital, institution, or street address where death occurred:
 Emergency Hospital
 How long in hospital or institution?..... 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 270 Dill Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... None

3. (a) FULL NAME

Rose Karle Wertheimer

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

July 14-1863

8. AGE:

Years

Months

Days

If less than one day

76

6

28

hrs.

min.

9. Birthplace

Frederick Maryland

(Town, county, and state)

10. Usual occupation

Retired Housekeeper

11. Industry or business

FATHER

12. Name

Frederick Wertheimer

13. Birthplace

Germany

MOTHER

14. Maiden name

Clotilda Karle

15. Birthplace

Germany

18. Informant

Mrs. Emma K. Groff

Address

270 Dill Ave.-Frederick, Md.

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

Feb. 13-1945
(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Md.

18. Funeral director

C.E. Cline and Son

Address

Frederick, Md.

19. (Date rec'd by registrar)

12 Feb

1945

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

2B. DATE OF DEATH..... February 11th. 1945 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 10 1944 to Feb 11 1945

and that I last saw her alive on Feb 11 1945

Immediate cause of death

Coronary Vascular Thrombosis

Due to

Hemiplegia

Due to

Exhaustion

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE

H. Lawrence Fabiny MD

Address

Frederick Md

M.D. or other

Date signed 2-12-45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
FEB 15 1945
TREASURY U.S.

Dr. J. Schreyer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01755

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Doubs
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 month
Hospital, institution, or street address where death occurred:
Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Doubs
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

ANNA LOUISE WEST

3. (b) Social Security Number

None

4. Sex F	5. Color or race C	6. (a) Single, married, widowed, or divorced S
-------------	-----------------------	---

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) October 4, 1944
8. (c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
4	9		hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Chester M. West
13. Birthplace Frederick County Maryland

14. Maiden name Flossie Leakes
15. Birthplace Frederick County Maryland

16. Informant Chester M. West
Address Doubs, Maryland

17. Burial Colored Cemetery
(Burial, cremation, or removal - which?)
Cemetery or crematorium
Location Bartonsville, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 15 Feb 19 45 Elizabeth G. Hark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13th, 1945 at 11:40 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 19 45 to Feb 12 19 45
and that I last saw him/her alive on Feb 12 19 45

Immediate cause of death Labor pneumonia
DURATION 2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Barr M. D.

Address Frederick, Maryland Date signed 2-15-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 19 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Deerfield- rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Deerfield- rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
no
 2.(a) If veteran, name war _____

3. (a) FULL NAME

James William Wetzel.

3. (b) Social Security Number

none.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

2D. DATE OF DEATH February 6, 1945 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 31 1945 to Feb. 6 1945
 and that I last saw him alive on Feb. 5 1945

Immediate cause of death

Uremia

DURATION

1 wk

Due to

Chronic nephritis1 yr.

Due to

Other conditions

Heart disease
Chronic myocarditis
 (Include pregnancy within 3 months of death)

2 yrs.

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

James M. Jones M.D. or other
Thurmont Md. Date signed 2/7/45

6. (b) Name of husband or wife Alice Smith Wetzel6. (c) If alive, give age 56 years

7. Birth date of

deceased (mo., day, yr.) October 29, 1881

8. AGE:

Years

63

Months

3

Days

7

If less than one day

_____ hrs. _____ min.

9. Birthplace Emmitsburg, Frederick Co. Md.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Robert Wetzel

13. Birthplace

Frederick Co., Md.

MOTHER

14. Maiden name

Jennie Kipe.

15. Birthplace

Frederick Co., Md.

16. Informant

Mrs. James Wetzel

Address

Deerfield, Md.

17.

Burial (Burial, cremation, or removal. Which?)

Date thereof Feb. 9, 1945
(month) (day) (year)

Cemetery or crematory

United Brethern

Location

Thurmont, Md.

18. Funeral director

M. L. Creager & Son.

Address

Thurmont, Md.

19.

Feb. 8 1945
(Date rec'd by registrar)

Anna M. Jones Registrar
Per Blanche S. Ryan

RECEIVED
MAR 1 1945
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01757

Reg. Dist. No. 138

1. PLACE OF DEATH:

County FrederickCity or town Bartholomew, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mos.

Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State New York County _____City or town Talbany
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war _____ None ✓

3. (a) FULL NAME

HAZEL ODETTE WHITE

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Walter A. White7. Birth date of deceased (mo., day, yr.) Sept. 17-18976. (c) If alive, give age 54 years8. AGE: Years 47 Months 4 Days 16
If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business HomeFATHER 12. Name Jonas W. Summers13. Birthplace Frederick Co., Md.MOTHER 14. Maiden name Frances E. Joy15. Birthplace Frederick Co., Md.16. Informant Walter A. WhiteAddress Bartholomew - Md.17. Burial Date thereof 2-4-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory mt. Olivet CemeteryLocation Frederick - Md.18. Funeral director C. E. Cline & SonAddress Frederick - Md.19. 3 Feb 19. 45 Lucian K. Talbot
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 19. 45 at 6:30 p. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 4 19. 45 to Feb. 2 19. 45
and that I last saw him alive on Feb. 1 19. 45Immediate cause of death Uremia

DURATION

1 wkDue to Carcinomatosis7 mo

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Rt. Breast
Date of op. Oct-1944Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John H. Grubill M. D. or other _____Address Maryland Date signed 2/2/45

RECEIVED

CERTIFICATE OF DEATH

RECEIVED
MAR 5 1905
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

01758

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nathan Warren White, Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Barbara Casilia

T. Birth date of

deceased (mo., day, yr.)

April 10, 1868

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

76106

hrs.

min.

9. Birthplace

Indiana

(Town, county, and state)

10. Usual occupation

Traveling Salesman

11. Industry or business

FATHER

12. Name

Nathan Warren White

13. Birthplace

Kentucky

MOTHER

14. Maiden name

Mary Crawford

15. Birthplace

Kentucky

16. Informant

Virginia Lillie

Address

Frederick Hosp. Frederick, Md.

17. (Burial, cremation, or removal. Which?)

Date thereof

2/19/45
(month) (day) (year)

Cemetery or crematory

St. Mary's

Location

Long Island, N.Y.

18. Funeral director

C. E. Glue & Son

Address

Funeral Director

19. (Date rec'd by registrar)

16 Feb 45Elizabeth L. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

127 S. Market

(If rural, give LOCATION)

2. (a) If veteran, name war

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 16, 1945 at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1st, 1945 to Feb. 16, 1945and that I last saw him alive on Feb. 15, 1945

Immediate cause of death

Brain shock pneumonia,terminal

Due to

Occidental Falls, Md.Fracture of RightFemur

Due to

Slipped on ice and fell to ground

Other conditions

Suppurating bedsores

(Include pregnancy within 3 months of death)

DURATION

4 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of December 28, 1944Where did injury occur? Frederick

(City or town)

Frederick

(County)

Md.

(State)

Injured at home, farm, industry, public place (where?)

At homeMeans of injury Accidental fall

Injured at work?

23. SIGNATURE

L. P. Schoolman M.D.

M. D. or other

Address

540 2nd StDate signed 2/16/45

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FEB 21 1945
BUREAU V.S.

Seebohm

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

01759

131

Reg. Dist. No.

1. PLACE OF DEATH:
 County Frederick
 City Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
Near Rocky Spring
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Rocky Spring
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... None

3. (a) FULL NAME
ANTHONY FRANCIS WICKLESS

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Lillie Olden
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) January 9, 1878
 8. AGE: Years 67 Months 1 Days 10 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Truck Farmer
 11. Industry or business

FATHER 12. Name Frederick A. Wickless
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Laura V. Joy
 15. Birthplace Frederick County Maryland

16. Informant Augustine G. Wickless
 Address Frederick, Md. R. F. D. #5

17. Burial Date thereof 2/22/45
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or ~~monastery~~ St. Johns cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 20 Feb 19 45 Elizabeth Y. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1945 at 10:20 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to 19.....
 and that I last saw him DEAD February 19, 1945

Immediate cause of death Coronary occlusion DURATION 5 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE R. W. Bann M. D. or other

Address Frederick, Maryland Date signed 2-20-45

CERTIFICATE OF DEATH

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FEB 21 1945
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
14 South Market Street
 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 14 South Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War II

3.(a) FULL NAME

CARROLL SAXTEN YOUNKINS

3.(b) Social Security Number

217-10-0496

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 11-1907 6.(c) If alive, give age ----- years

8. AGE: Years 37 Months 9 Days 6 If less than one day ----- hrs. ----- min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Bricklayer

11. Industry or business

FATHER 12. Name Jasper P. Younkings
 13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden name Lizzie Jennings
 15. Birthplace Frederick Co. Md.

16. Informant Jasper P. Younkings
 Address Middletown, Md.

17. Burial Date thereof Feb. 23-1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Locust Valley Cemetery
 Location S. of Middletown, Md.

18. Funeral director C.E. Cline and Son
 Address Frederick, Maryland

19. 21-Feb 1945 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1945 at 12:57 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ----- 19----- 18-----
 and that I last saw h.l. dead Feb 20 1945
 and that I last saw h.l. alive on

Immediate cause of death Acute alcoholism DURATION 4.8 hrs.

Due to Chronic alcoholism 10 years.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE P. W. Baer Deputy med Ex.

Address Frederick, Md. Date signed 2.20.45
 M. D. or other

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FEB 22 1945

BUREAU V. S.